

Name
in
Full

CERTIFICATE OF DEATH

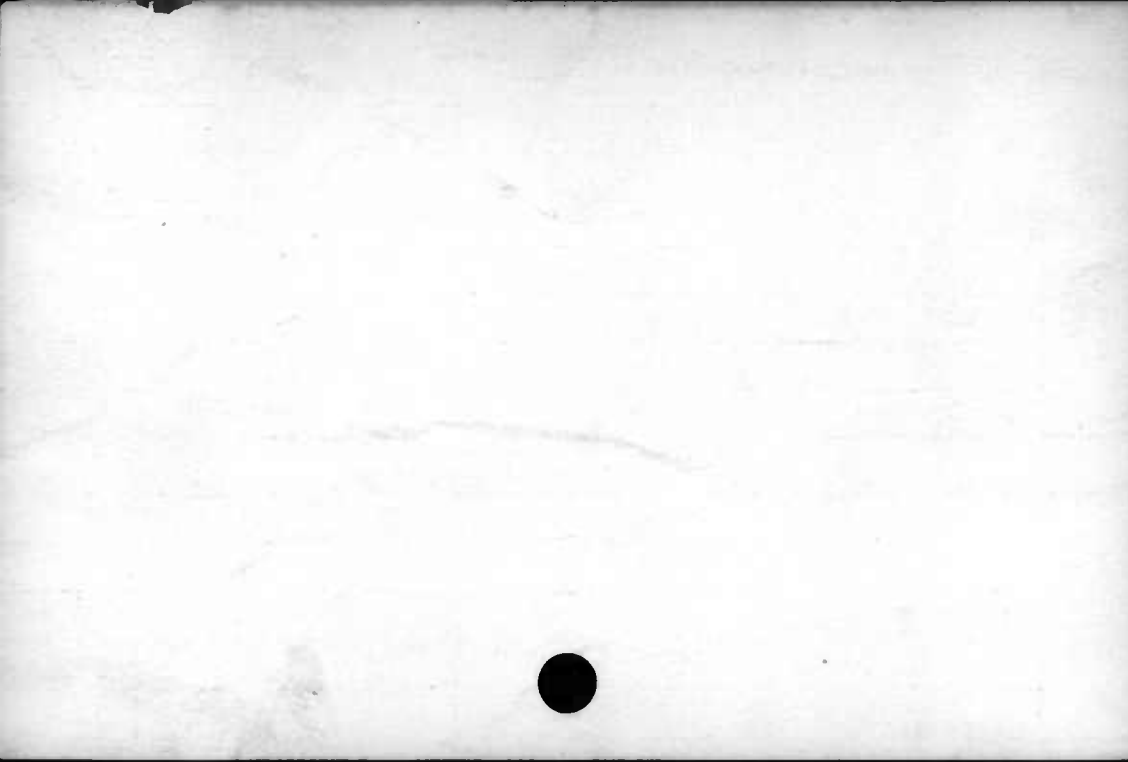
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>October</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i> Months <i>—</i> Days <i>4 hours</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John Francis Alderton</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Louise M. May</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>15</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>		Signature of Physician <i>William R. Ford MD.</i>	
		Address <i>108 Virginia Ave Cumberland, Md.</i>	
Accident or Suicide?			



Name
in
Full

Walter Marcellus Anderson

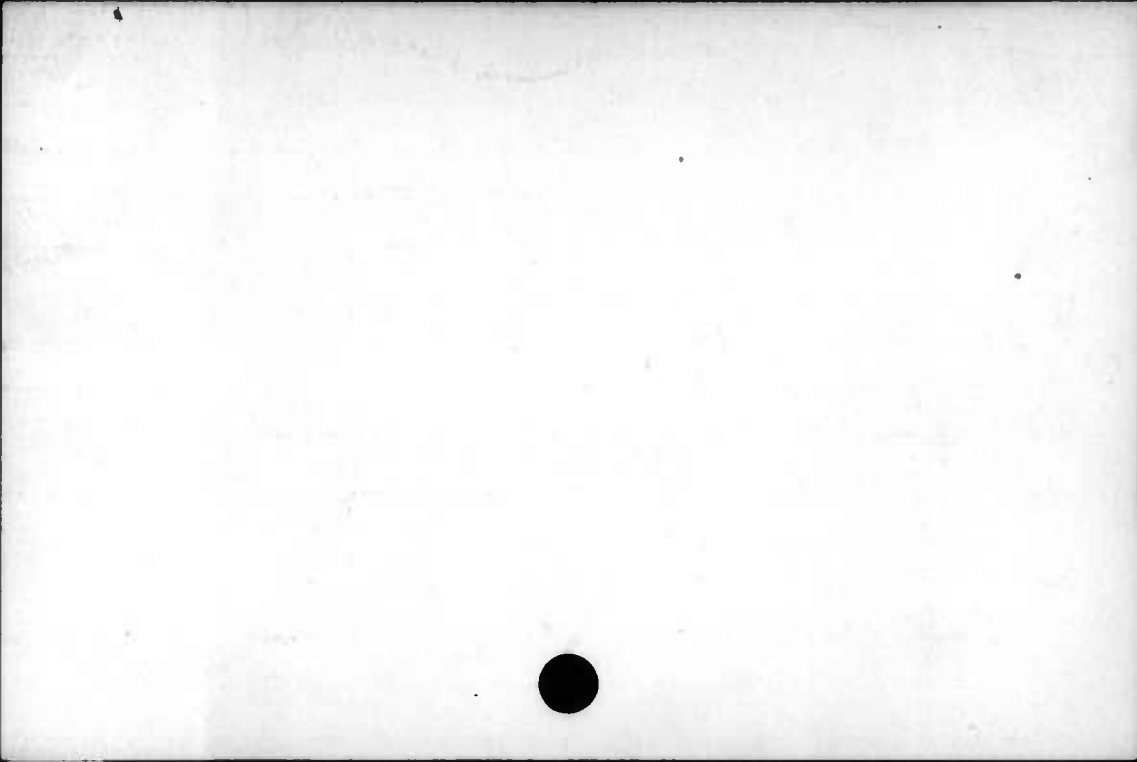
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1905	Month Oct	Day 7	Age 13	Years	Months 4	Days 7
Sex	Male		Color or Race	Colored		Birth- place	West Virginia
Occupation	School-boy			Where Residing If not at place of death		Paw Paw, W. Va.	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Willis Anderson				Father's Birthplace	Virginia	
Mother's Maiden Name	Margarette Baker				Mother's Birthplace	Virginia	
Name of person giving information	Luther Anderson				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Peritonitis	How long	Eight weeks
	Immediate	Exhaustion	How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		W. R. Hodges M.D.	
		Address		Cumberland, Md.
Accident or Suicide?				



Name
in
Full

Sophia Barth

CERTIFICATE OF DEATH

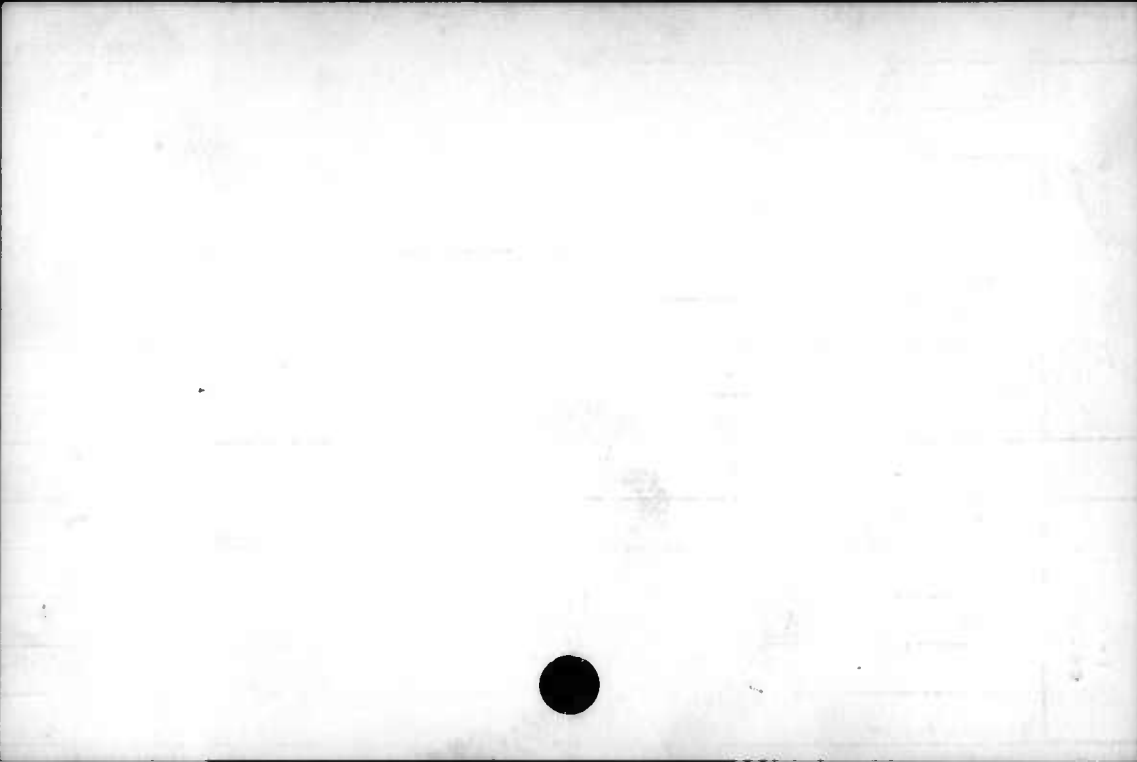
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumby</u> ^{Town}		<u>Accomby</u> ^{County}		MARYLAND	
Date of death	1905	Month	10	Day	14
Age		Years	60	Months	—
Sex	Female	Color or Race	White	Birth-place	—
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
—		Earnest Barth			
Father's Name			Father's Birthplace		
—			—		
Mother's Maiden Name			Mother's Birthplace		
—			—		
Name of person giving Information			How related to deceased		
—			—		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cancer of Stomach</u>	How long	<u>about one year</u>
Immediate	<u>Cancer of Stomach</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		<u>James W. Wilson</u>	
		Address	
		<u>Cumby Md</u>	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

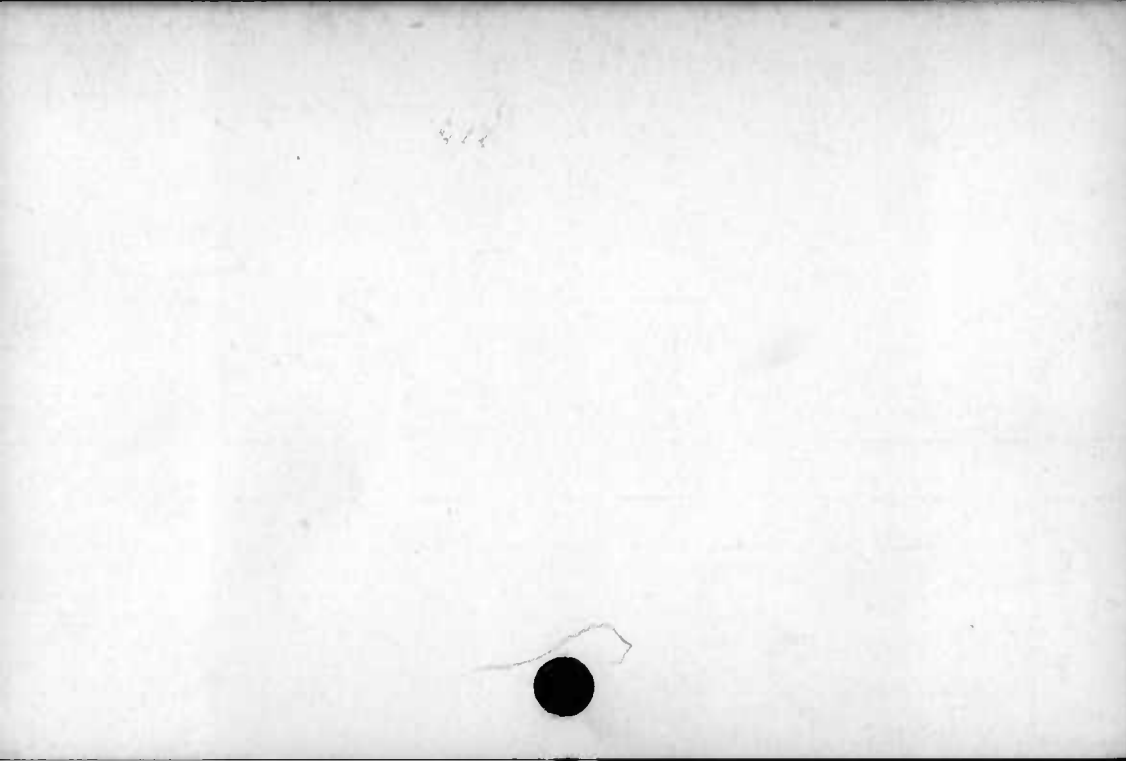
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm F Birmingham</i>		Town <i>Cumt</i>		County <i>Allegheny</i>		STATE <i>MARYLAND</i>	
Died at <i>Cumt</i>		Month <i>Sept</i>		Day <i>14</i>		Years <i>34</i>	
Date of death <i>190</i>		Age <i>34</i>		Months <i></i>		Days <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Amie Birmingham</i>					
Father's Name <i>Dead</i>		Father's Birthplace <i></i>					
Mother's Maiden Name <i>Hellen Birmingham</i>		Mother's Birthplace <i></i>					
Name of person giving information <i>"</i>		How related to deceased <i>Mother</i>		<i>"</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of Liver</i>	How long <i>11 1/2</i>
Immediate	<i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr Thos Koon</i>
		Address <i>Dr Cumberland Md</i>
Accident or Suicide? <i></i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Irma Mabel Bonnie</i>		Town <i>Keokuk</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Keokuk Mine</i>		Month <i>Oct</i>		Day <i>10</i>		Age <i>2</i>	
Date of death <i>1905</i>		Months <i>6</i>		Days <i>-</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>-</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>James E. Bonnie</i>		Father's Birthplace <i>West Va</i>					
Mother's Maiden Name <i>Annice Spiker</i>		Mother's Birthplace <i>Bloomington, Md</i>					
Name of person giving information <i>Mrs. Henry Spiker</i>		How related to deceased <i>grandmother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright Disease (Cause Unknown)</i>	How long <i>3 months</i>
Immediate <i>General Anasarca - Exhaustion</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock</i>
	Address <i>Smearing Maryland</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Richard Edward Brown

CERTIFICATE OF DEATH

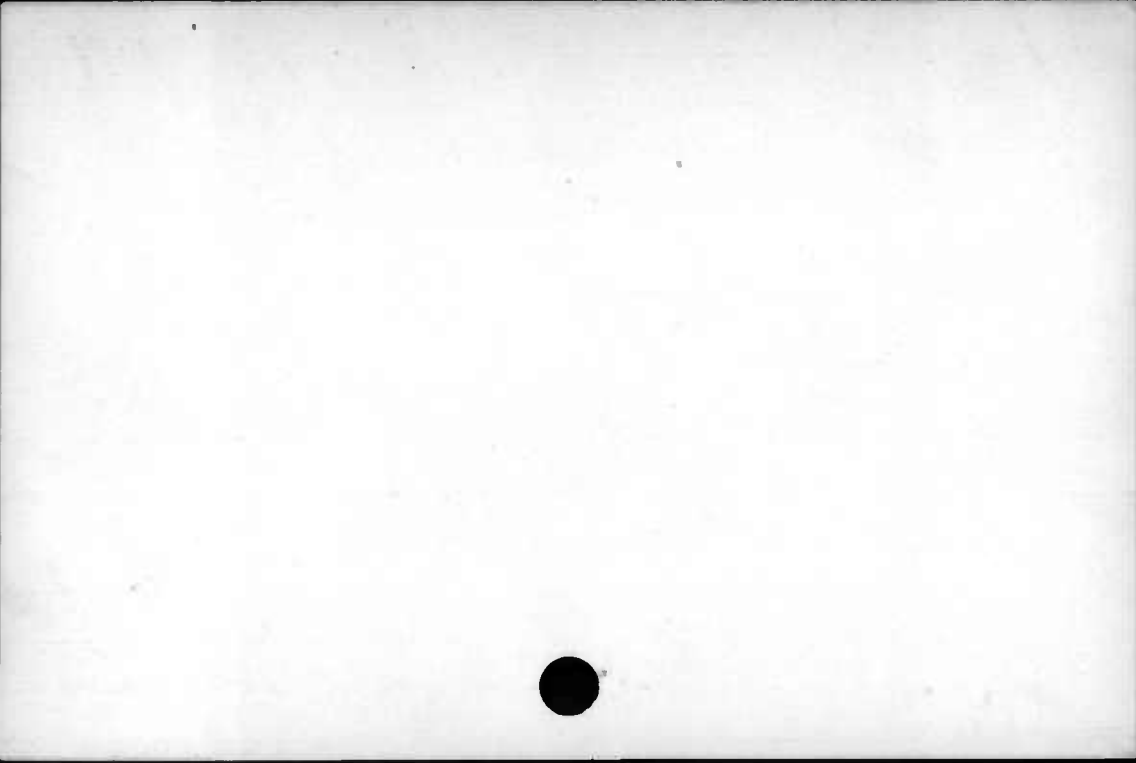
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pekin</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>1</i>	Age <i>28</i>	Months <i>7</i>	Days <i>24</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Bethesda Md</i>		
Occupation <i>Miner & Carpenter</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lucy Ellen Hines</i>				
Father's Name <i>Jacob Brown</i>	Father's Birthplace <i>Cumfresland</i>				
Mother's Maiden Name <i>Helena Haffel</i>	Mother's Birthplace <i>Atlantic Ocean</i>				
Name of person giving information <i>Mrs Richard Brown</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>7 weeks</i>
Immediate <i>Abscess of liver</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock</i>
	Address <i>Longwing Md</i>
Accident or Suicide? <i>no</i>	



Name

in
Full

CERTIFICATE OF DEATH

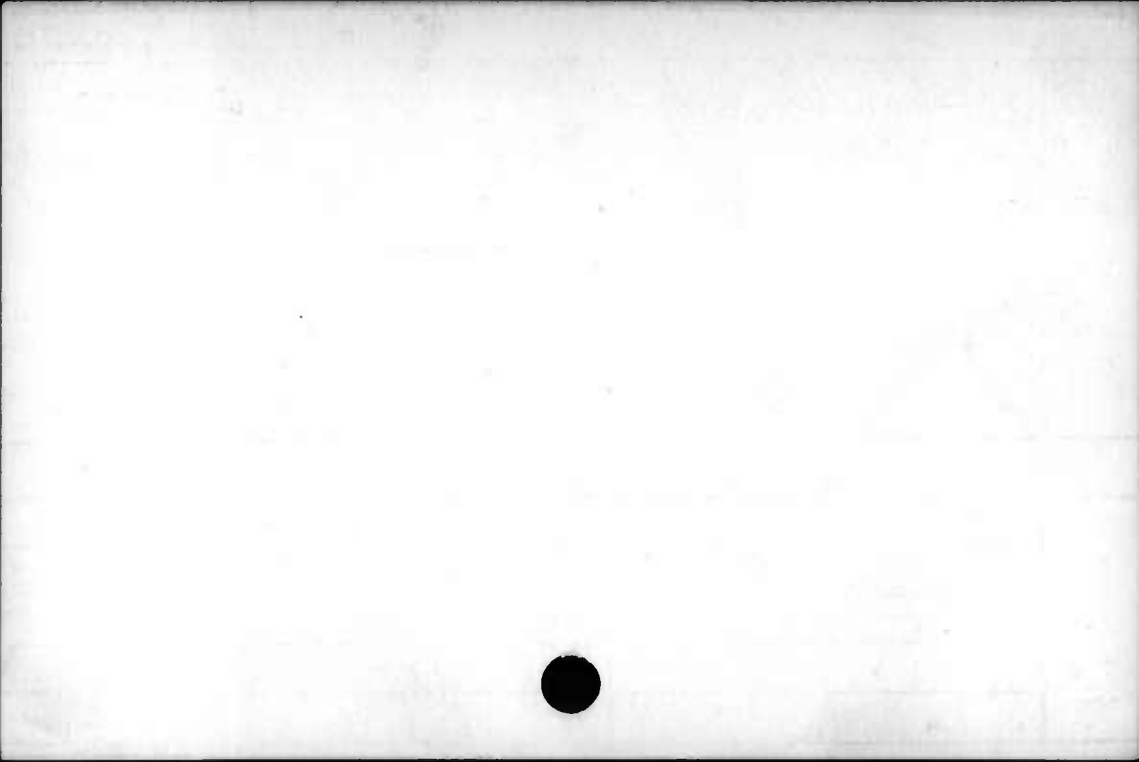
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town} <i>Alleghany</i> ^{County}		MARYLAND	
Date of death <i>1903</i> ^{Month} <i>Oct.</i> ^{Day} <i>3</i> ^{Years} <i>Age</i> <i>20</i> ^{Months} <i>—</i> ^{Days} <i>4</i>			
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth place <i>Cumld</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Wm Clegette</i>	Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>		
Name of person giving Information <i>Wm Clegette</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Colic</i>	How long <i>one day</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Mr. H. Tompkins</i>
	Address <i>63 N. Meekanic</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>190</i>	<i>Oct</i> ^{Month}	<i>14</i> ^{Day}	Age <i>76</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>St. N.</i>			Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed <i>N.</i>		Name of Wife or Husband <i>Conchona Bailey</i>			
Father's Name <i>Samuel McCarty</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Do</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>N. J. Bailey</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long
Immediate <i>old age</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert F. Ottaway</i>
	Address <i>Frostburg, Md.</i>
Accident or Suicide?	

J. J. V. And Co.

Name
in
Full

Claude H Davidson

CERTIFICATE OF DEATH

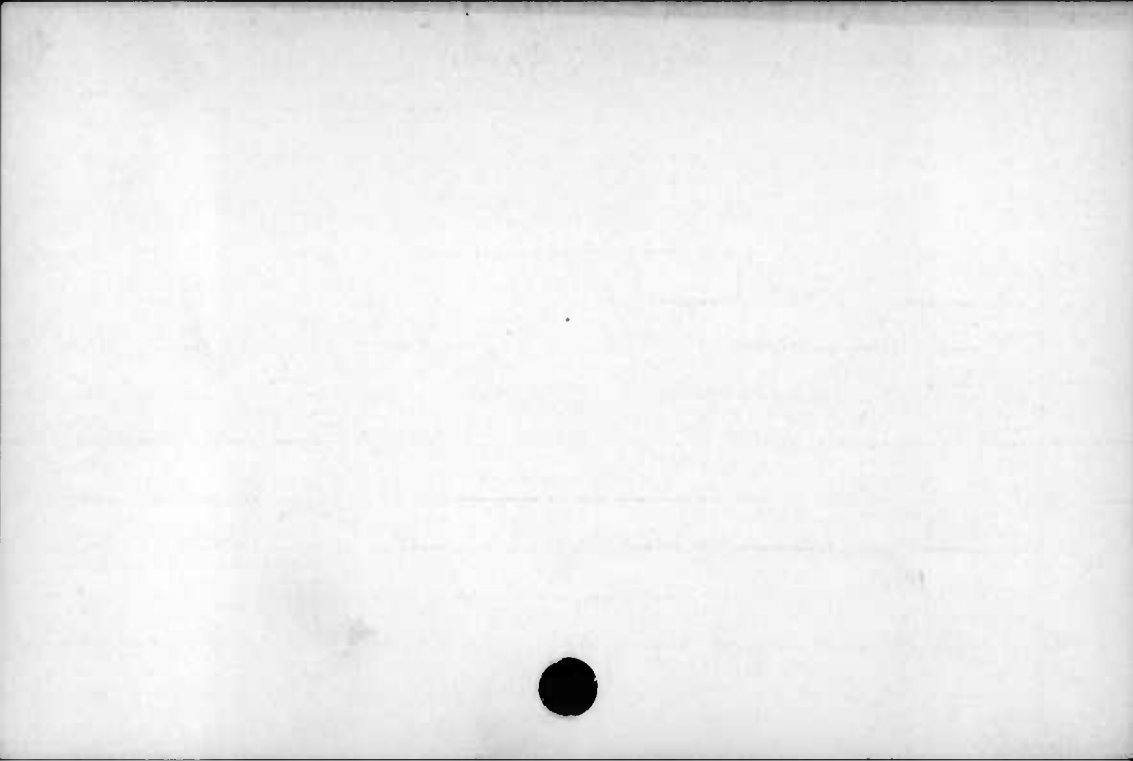
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Oct.	27	Age	3	2	
Sex		Color or Race		Birth-place			
Male		White		Cumberland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Claude H Davidson							
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Claude H Davidson				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Operation on spine	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Dr F L Barkdoll
		Address
		Cumberland
		Md
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

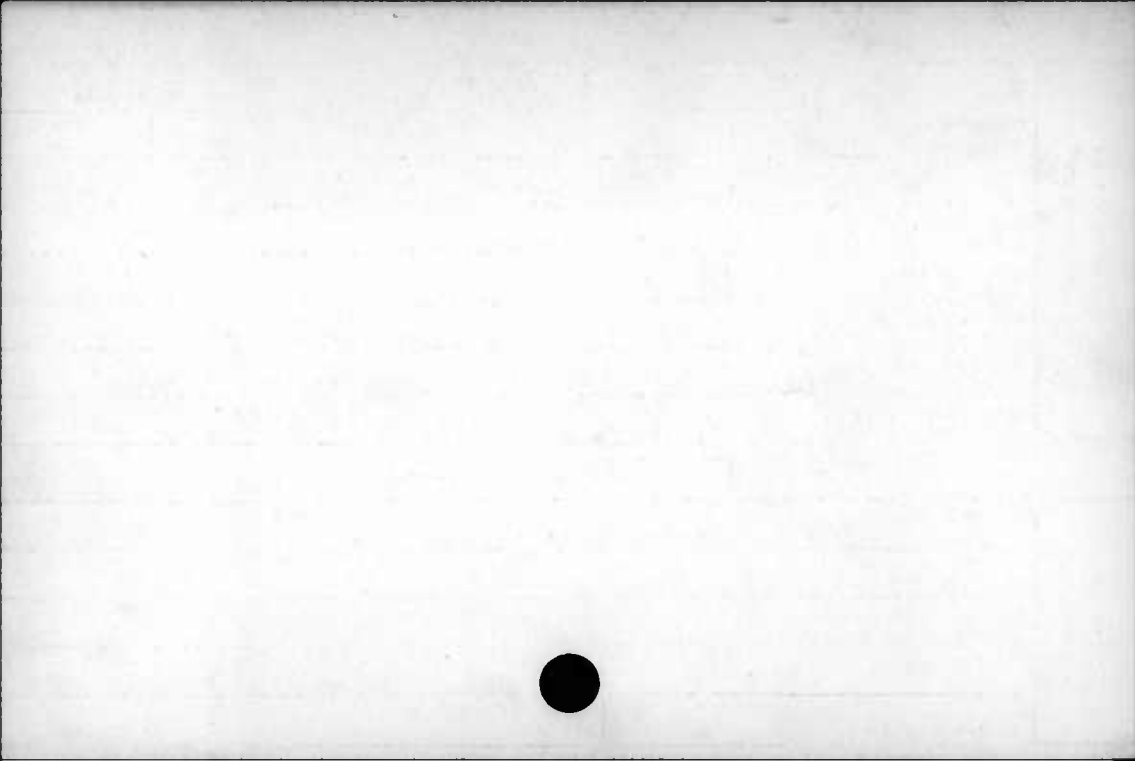
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lenacornig</i> Town <i>Allegany</i> County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Oct</i>	Day <i>3</i>	Age <i>65</i> Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Carrollton Md</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Miner</i>		
Name of Wife or Husband <i>Mary Morgan</i>			
Father's Name <i>Peter Ennis</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Bruce</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Aldie Ennis</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Multiple Paralysis</i>	How long <i>Two years</i>
Immediate <i>Inanition</i>	How long <i>Seven months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Skilling M.D.</i>
	Address <i>Lenacornig</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

William Wade Farrow

CERTIFICATE OF DEATH

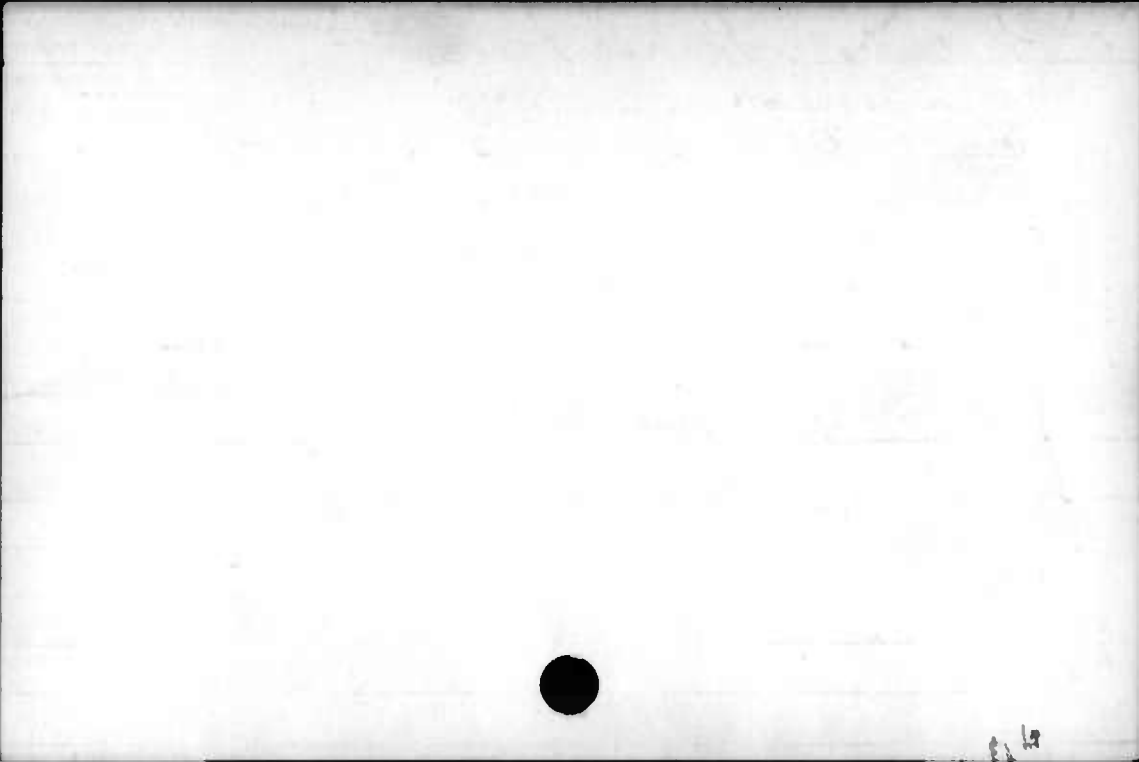
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtob</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1901</i>	<i>Oct</i> ^{Month}	<i>23</i> ^{Day}	<i>2</i> ^{Years}	<i>—</i> ^{Months}	<i>21</i> ^{Days}
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Cumtob</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John William Farrow</i>			Father's Birthplace <i>Wash, Co</i>		
Mother's Maiden Name <i>Deane</i>			Mother's Birthplace		
Name of person giving Information <i>Mrs. Annie Wilson</i>			How related to deceased <i>Grand Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>95</i> ^{How long}
Immediate <i>Exhaustion</i>	<i>—</i> ^{How long}
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. F. L. Bardoll</i>
	Address <i>Dr. Bardoll's</i>
Accident or Suicide?	<i>Ma</i>



Name
in
Full

Marion Margaret Fortney

CERTIFICATE OF DEATH

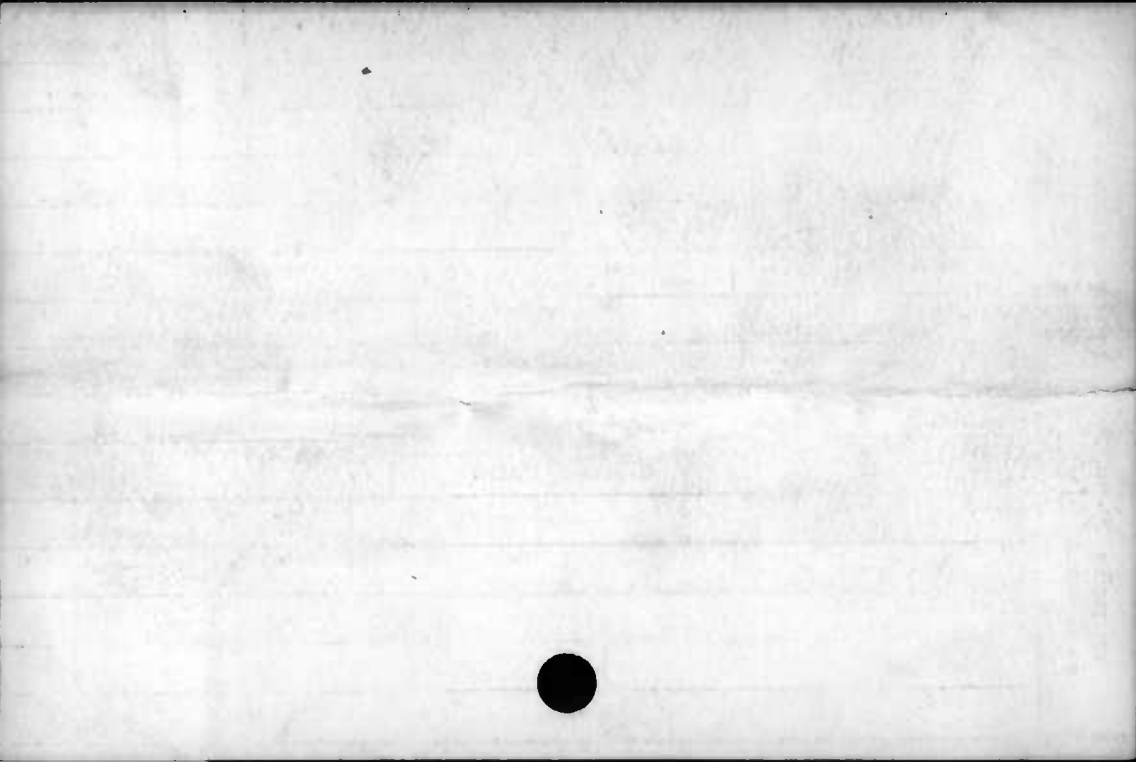
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town A Cumberland		County Alleghany		MARYLAND	
Date of death	1905	Month Oct	Day 25	Age	Years	Months 2	Days
Sex	Female		Color or Race	White		Birth- place	A Cumberland Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	3 mos
Immediate	Gastro Enteritis	How long	6 ds.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. L. Owens M.D.
		Address	75 Va Ave Cumberland Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

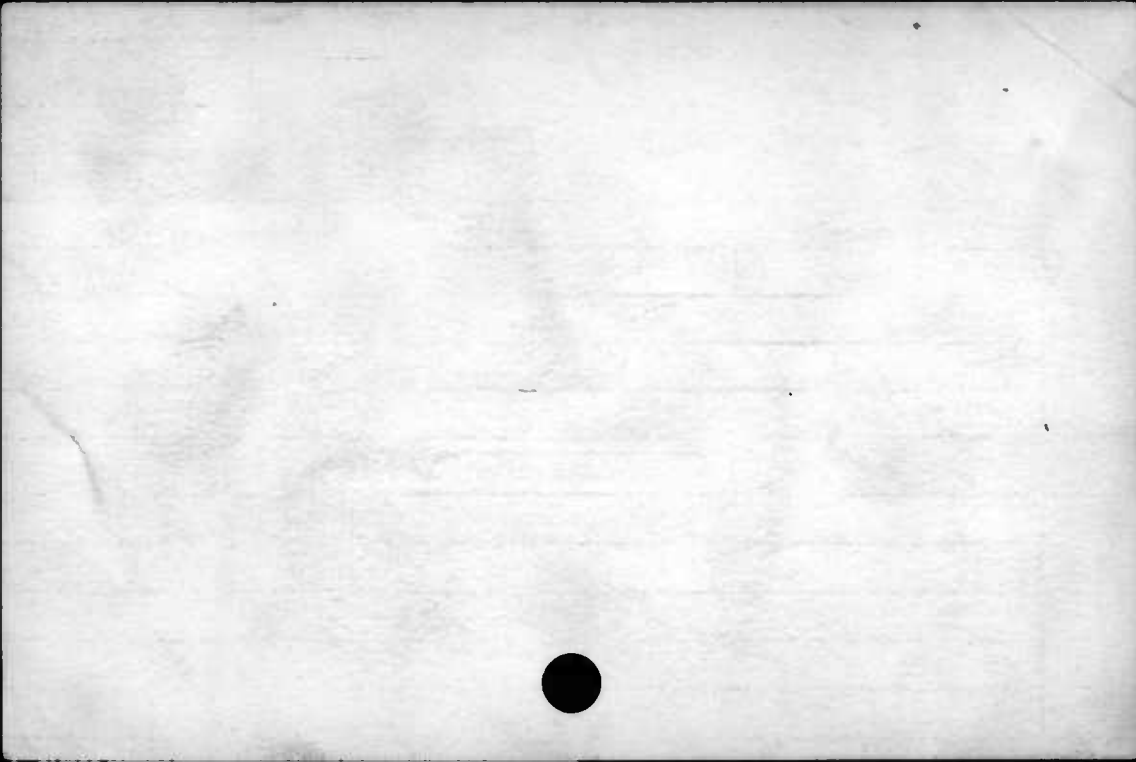
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joseph G. Gallagher.		Town Barton		County Illeganey		MAYLAND	
Died at Barton		Month Oct		Day 31st		Age 24	
Date of death 1905		Month Oct		Day 31st		Age 24	
Sex male		Color or Race White		Birth-place Barton		Months	
Occupation Clerk		Where Residing if not at place of death Barton		Days			
Married, Single or Widowed ✓		Name of Wife or Husband					
Father's Name Patrick H. Gallagher.		Father's Birthplace Ireland.					
Mother's Maiden Name Mary Ellen Gannon		Mother's Birthplace Mt Airage, Md.					
Name of person giving information -		How related to deceased -					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pertussis	How long Two weeks.
Immediate Asphyxia	How long when coughing
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. H. M. Gann M.D.
	Address Barton, Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Annie Griffith
Town *Eckhart* County *Alleg*

MARYLAND

Died at *Eckhart* *Alleg*
Date of death | 905 | Month *Oct* | Day *23* | Age *—* | Years *—* | Months *2* | Days *—*

Sex *91* | Color or Race *W* | Birth-place *Eckhart Md*

Occupation *—* | Where Residing if not at place of death *—*

Married, Single or Widowed *—* | Name of Wife or Husband *—*

Father's Name *Geo Griffith* | Father's Birthplace *Eckhart Md*

Mother's Maiden Name *Annie Harrady* | Mother's Birthplace *Frederick*

Name of person giving information *Wm Homeshy* | How related to deceased *Uncle*

CAUSES OF DEATH

Primary *Overexertion* | How long *15* |
Immediate *—* | How long *Swiss*
Swiss

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Griffith*
Address *Frederick Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John

Allegany County

Name
in
Full

Rebecca Ann Hansel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hrostburg		County Allegheny		MARYLAND	
Date of death 1905		Month 10	Day 5	Age 60		Months 14	Days 25
Sex X		Color or Race W.		Birth- place Md.			
Occupation H. H.				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Solomon Hansel				Father's Birthplace Md			
Mother's Maiden Name Rebecca Workman				Mother's Birthplace Md			
Name of person giving In formation Solomon Brode				How related to deceased Nephew			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Entero-Enteritis,	How long	About 2 weeks
Immediate		How long	About 2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. H. O. M. Lane
Yes		Address	Hrostburg Md.
Accident or Suicide?			

Isom

Hauside Wav'Yara

New Fortmng

Name
in
Full

Still Born. Harrison, A. D.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ringels</i> Town		County <i>Monroe</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1905</i>	<i>07</i>	<i>20</i>	<i>-</i>	<i>-</i>	<i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>-</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>A D Harrison</i>			Father's Birthplace <i>W. Va</i>		
Mother's Maiden Name <i>E. E. Edwards</i>			Mother's Birthplace <i>W. Va</i>		
Name of person giving information <i>A. D. Harrison</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>S.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. W. W. Wiley</i>
		Address	<i>W. E. Edwards</i>
Accident or Suicide?			<i>Ind.</i>



Name in Full Mary Hamer		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Mr. Sprague Bellegany Maryland			
	Date of death 1905 Dec 17 Age 8 Months Days			
	Sex Female Color or Race White Birth place Mr. Sprague Md.			
	Occupation School-girl Where Residing if not at place of death Mr. Sprague Md.			
	Married, Single or Widowed Single Name of Wife or Husband			
	Father's Name C. Hamer Father's Birthplace Mr. Sprague Md.			
	Mother's Maiden Name Mary Hamer Mother's Birthplace Mr. Sprague Md.			
Name of person giving information AT. Hamer How related to deceased Uncle				
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary Pneumonia (72 lobes) How long 1 week			
	Immediate 72 lobes How long 1 day			
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Edward Quorles		
		Address Mr. Sprague Md.		
Accident or Suicide? —				



Name
in
Full

Margaret Higgins

CERTIFICATE OF DEATH

MARYLAND

Died at Valle Summit hnd

Town

County

Date
of death 1905Month
10Day
31Age
65

Years

Months

Days

Sex
FemaleColor or
RacewhiteBirth-
placeIreland

Occupation

House wifeWhere Residing if not
at place of deathMarried, Single
or WidowedMarriedName of Wife or
HusbandJames Pat. HigginsFather's
NameJames ParnesFather's
BirthplaceIrelandMother's
Maiden NameMother's
BirthplaceIrelandName of person giving
In formationPat. Higgins Jr.How related
to deceasedSon

CAUSES OF DEATH

Primary

Carcinoma of milk

How long

2 1/2 wks.

Immediate

Eyle metastasis

How long

2 wks.Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. M. Green
7 Westing hnd.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Gen.

Name
in
Full

S. O. Hinkle

CERTIFICATE OF DEATH

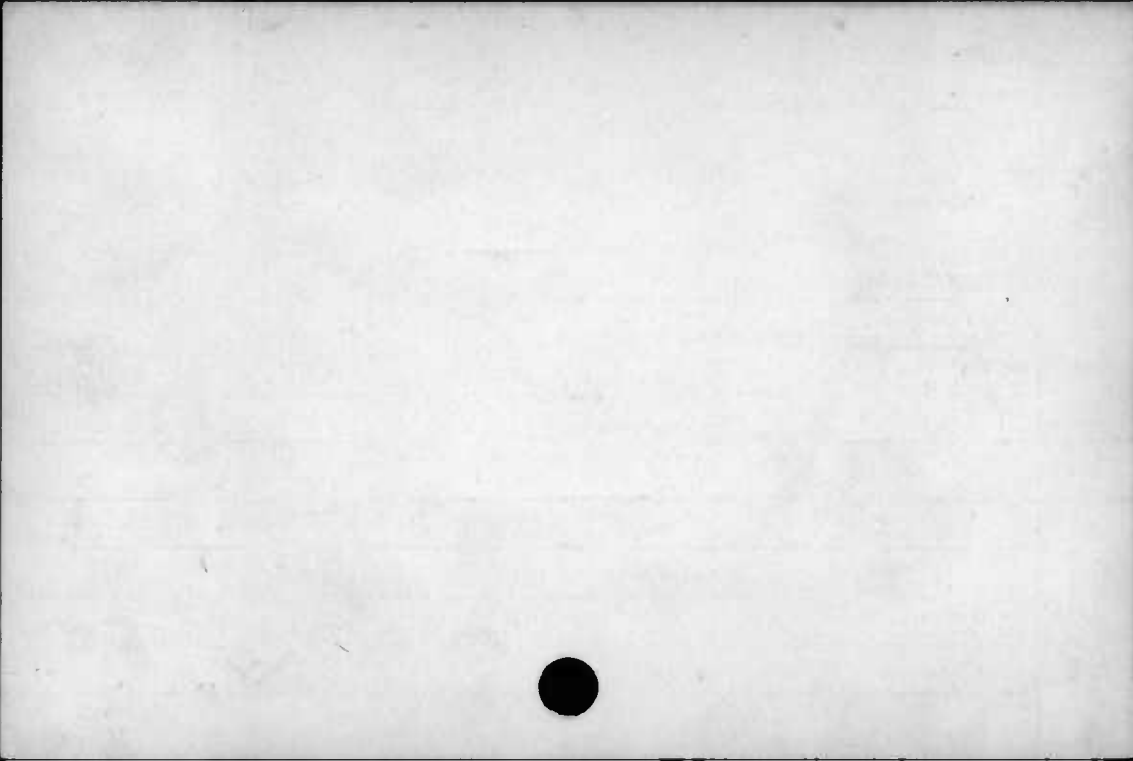
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtld</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death	1905	Month	Oct	Day	11
Age		4		Years	7
Sex		Male		Color or Race	White
Occupation		Carpenter		Birth-place	Alleghany Co
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		Daisy Hinkle		How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Dr. Thos. Coon</i>	
Address		<i>Cumtberland Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

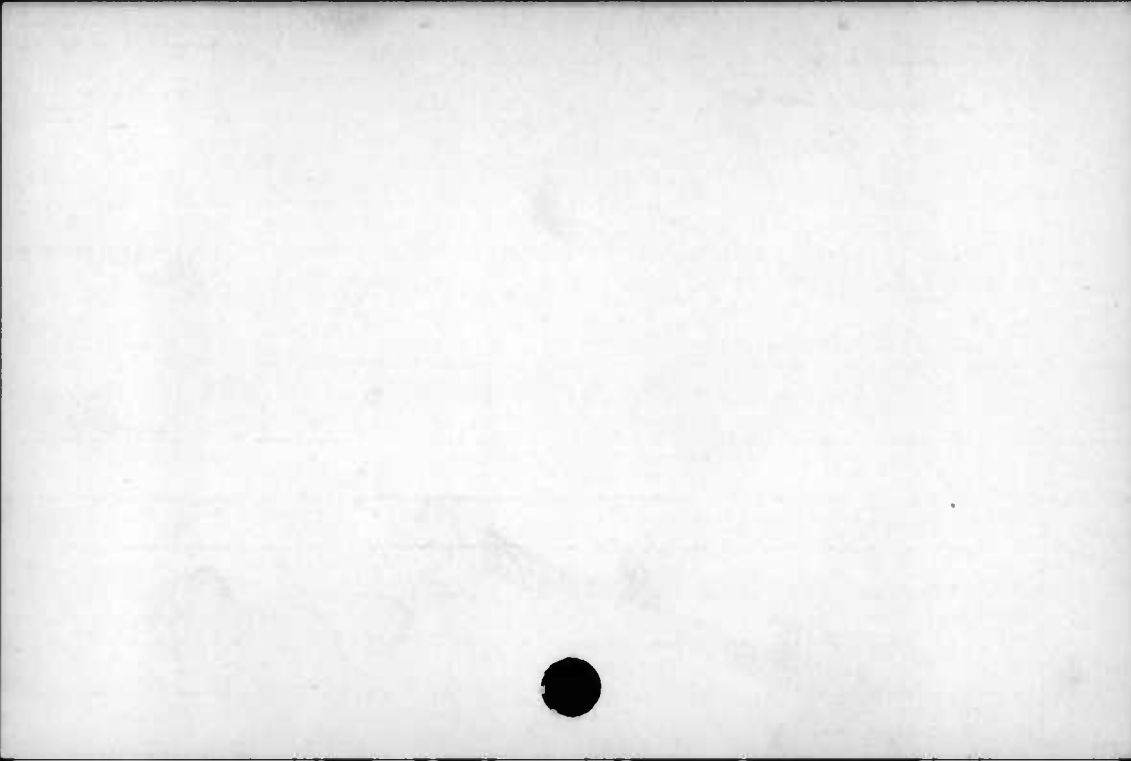
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chamberland</i>		Town		County <i>Accokeek</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Oct</i>		Day <i>30</i>		Years <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chamberland</i>		Months	
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>				Days	
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Harry Horn Jr.</i>		Father's Birthplace					
Mother's Maiden Name <i>Bowden</i>		Mother's Birthplace					
Name of person giving information <i>Harry Horn</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tetanus</i>	How long <i>77</i> ✓
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Dr. A. Leo Franklyn</i>
	Address <i>Chamberland</i>
Accident or Suicide?	



Name
in
Full

Annie May Jobson

CERTIFICATE OF DEATH

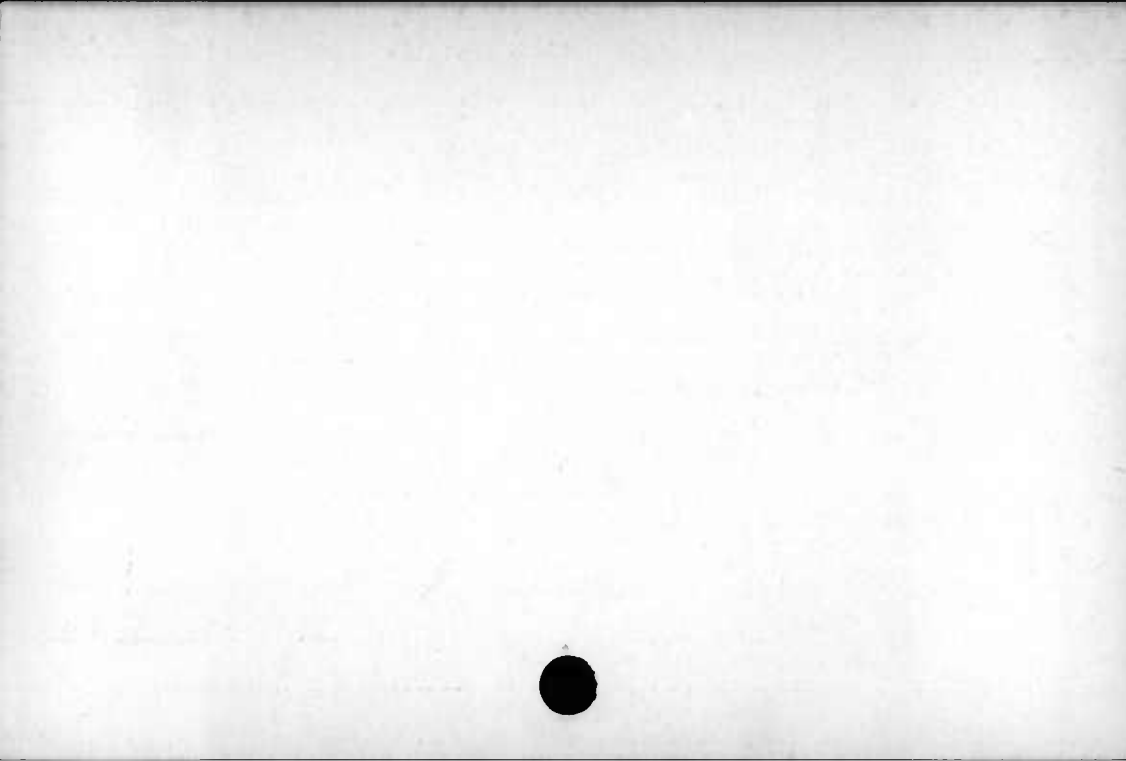
TO BE ANSWERED BY
NEAREST FRIEND

Died at Barton ^{Town} Allegheny ^{County}
Date of death 1905 ^{Month} Oct ^{Day} 10 ^{Years} Age 2 ^{Months} 19 ^{Days}
Sex Female **Color or Race** white **Birth-place** Barton
Married, Single or Widowed Single **Occupation** None
Name of Wife or Husband None
Father's Name Wm. Jobson **Father's Birthplace** England
Mother's Maiden Name Hester Langham **Mother's Birthplace** Allegheny
Name of person giving information Hester Jobson **How related to deceased** Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Probably internal **How long** 85
Immediate Hemorrhage **How long** About 3 hours
Are the name, age, sex, color, date and place correctly given above? Yes **Signature of Physician** J. L. Boucher
Address [Redacted]
Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

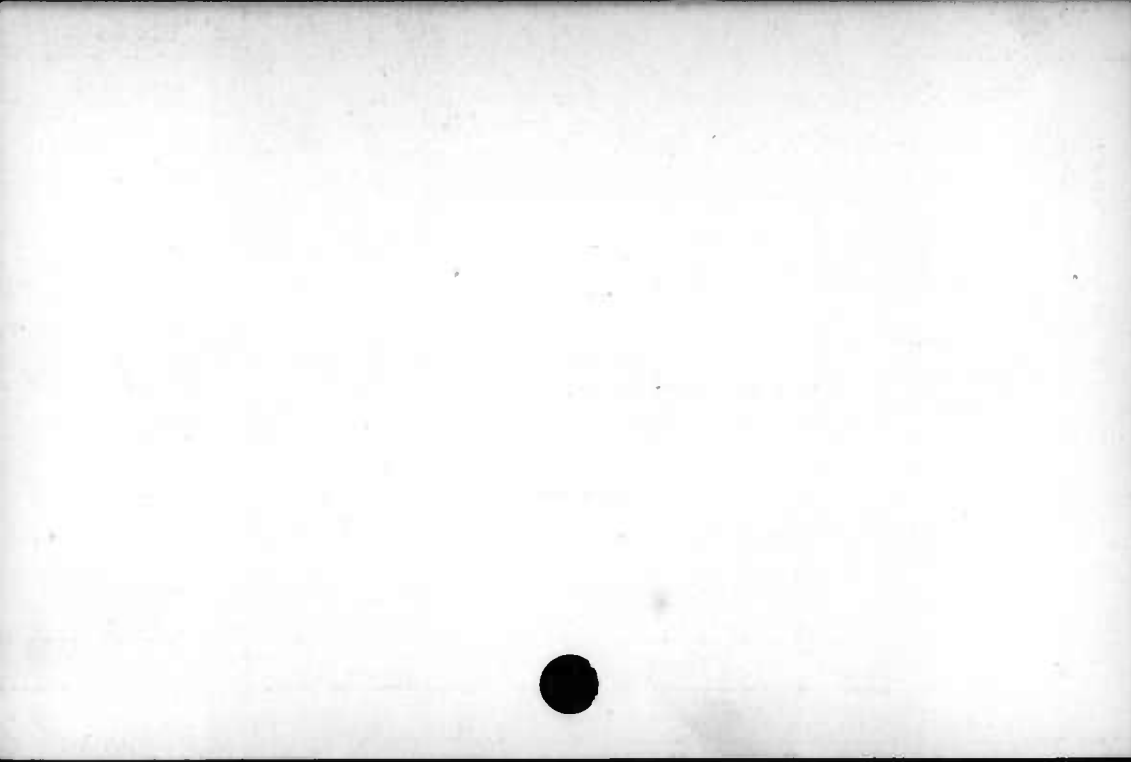
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> Town		<i>Gomes</i> County		MARYLAND	
Date of death 1905	Month <i>Oct</i>	Day <i>9</i>	Age <i>9</i> Years	Months	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Alleg. Co.</i>		
Married, Single or Widowed <i>L</i>			Occupation		
Name of Wife or Husband <i>L</i>					
Father's Name <i>Win Henry Jones</i>			Father's Birthplace <i>England</i>		
Mother's Name <i>Lena Morn</i>			Mother's Birthplace <i>Alleg Co</i>		
Name of person giving information <i>Lena Morn</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Birth</i>	How long	<i>5</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. A. Boucher</i>	
		Address <i>Barton Ind</i>	
Accident or Suicide?			



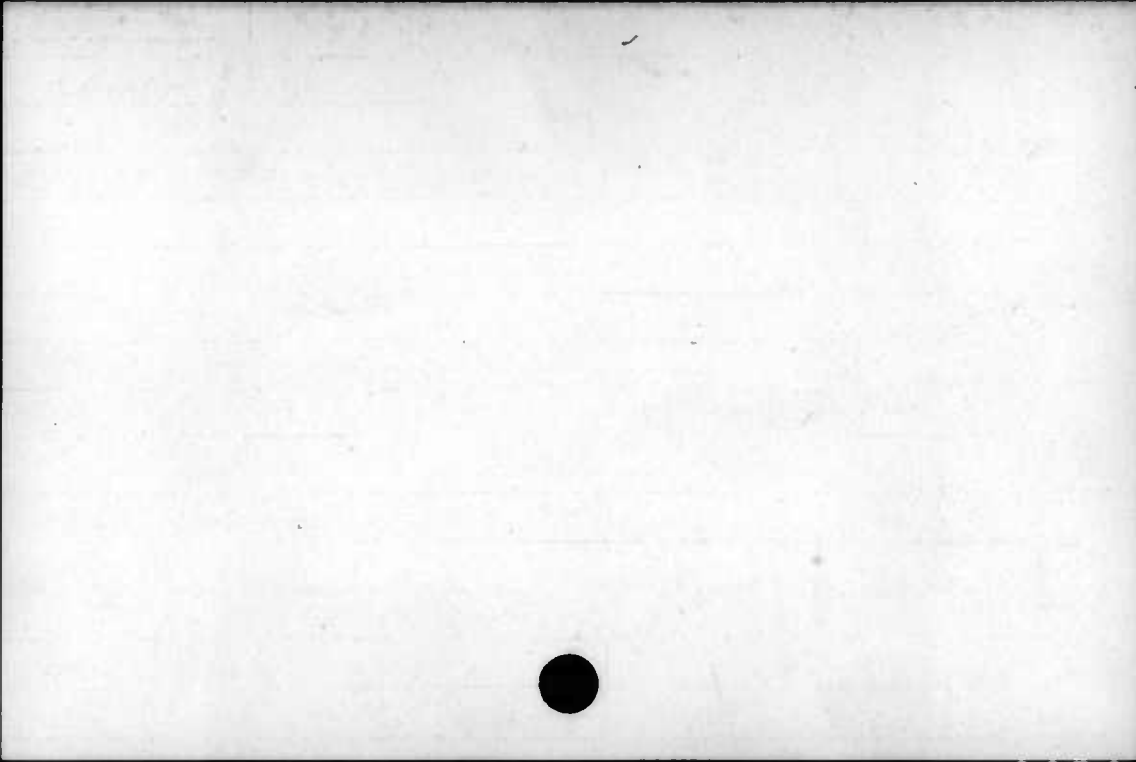
Name in Full		Town				County		MAYLAND	
Elizabeth Jones		Cumber		accog					
Died at		Date of death		Month		Day		Years	
190 J		OT		31		Age		20	
Sex		Female		Color or Race		Colord		Birth-place	
Occupation		Wife		Where Residing if not at place of death		-		Lomway md	
Married, Single or Widowed		married		Name of Husband		Hm Jones		Father's Birthplace	
Father's Name		Harry Huce		Mother's Maiden Name		Lucy Huce		Mother's Birthplace	
Name of person giving information		Lucy Huce		How related to deceased		mother			
CAUSES OF DEATH									
Primary		Consumption				How long		1 yr	
Immediate		Eph austion				How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				Dr. C B Claybrooke			
		Address				C. B. Claybrooke			
Accident or Suicide?									

12

$$\begin{array}{r} 12 \overline{) 510} \quad 42 \\ \underline{48} \\ 30 \\ \underline{24} \\ 60 \end{array}$$

$$\begin{array}{r} 13 \overline{) 510} \quad 39 \\ \underline{39} \\ 120 \\ \underline{117} \\ 30 \end{array}$$

Name in Full		Angelus T. Keane				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cumberland		County Allegany		MARYLAND	
	Date of death	1905	Month 10	Day 24	Age 19	Years Months	Days
	Sex	Female		Color or Race	White		Birthplace Cumberland
	Occupation	none			Where Residing if not at place of death _____		
	Married, Single or Widowed	Single		Name of Wife or Husband _____			
	Father's Name	Thomas Keane				Father's Birthplace	Cumberland
	Mother's Maiden Name	DO NOT KNOW				Mother's Birthplace	DO NOT KNOW
Name of person giving information	Nurse				How related to deceased	none	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid Fever				How long	17 WEEKS
	Immediate	Pneumonia				How long	5 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Geo. Leander		
					Address Cumberland Md.		
	Accident or Suicide?		neither				



Name
in
Full

CERTIFICATE OF DEATH

Ober - Keech -

10/1/11

Town

County

MARYLAND

Died at Rockville -

Date

Month

Day

Age

Years

Months

Days

of death 1905

10

28

21 428 -

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

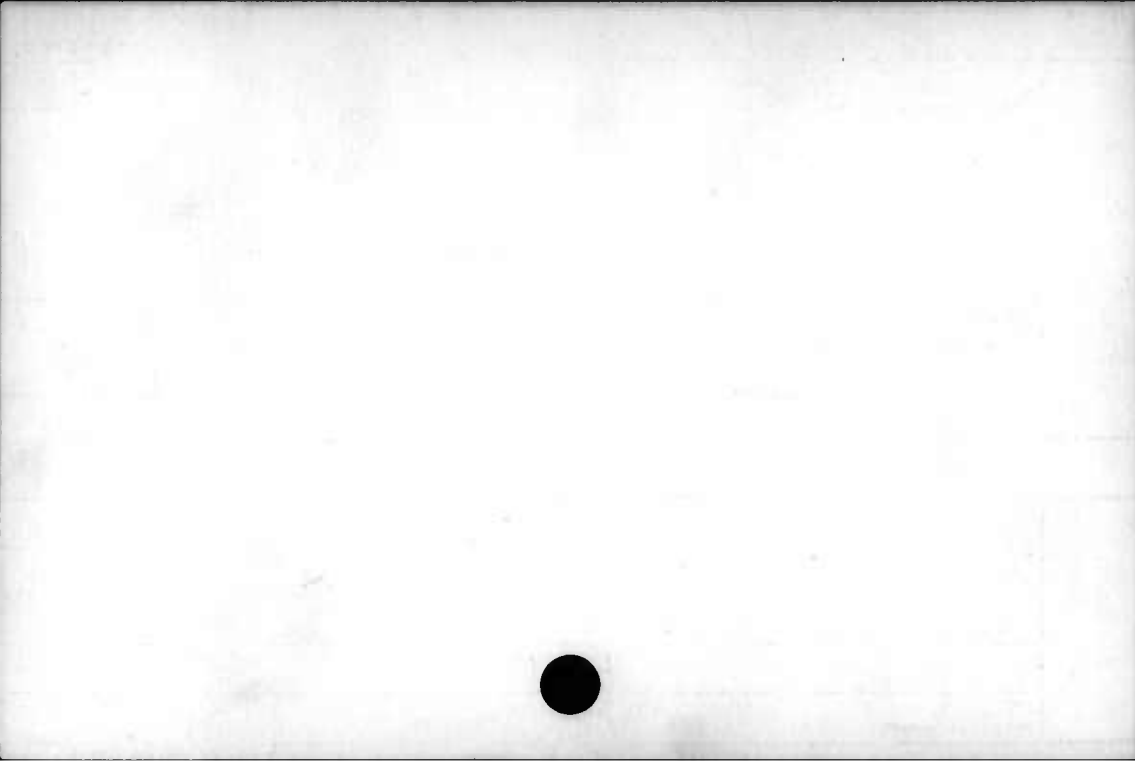
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident on

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Barbra W. Cornick

CERTIFICATE OF DEATH

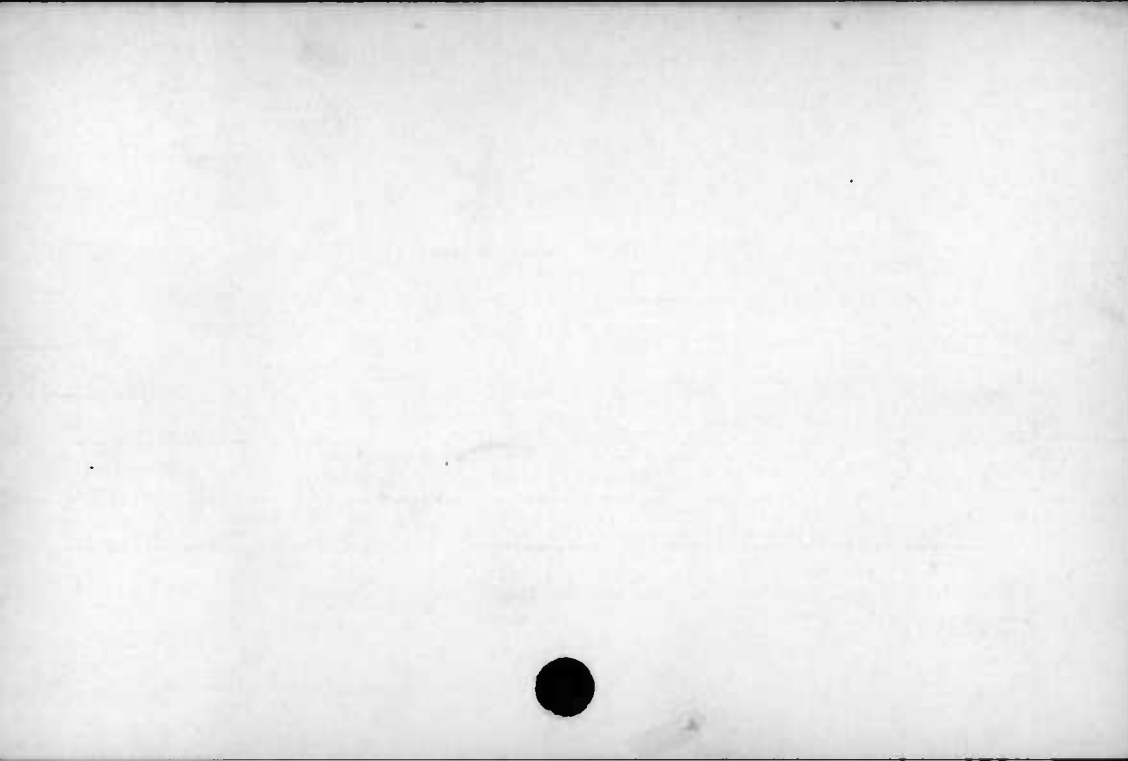
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumteland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>12</i>	Years <i>56</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumteland</i>	
Occupation <i>Wife</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>dead</i>			Father's Birthplace		
Mother's Maiden Name <i>dead</i>			Mother's Birthplace		
Name of person giving information <i>John W. Cornick</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Bladder</i>	How long <i>4 m.</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James J. Johnson</i>
	Address <i>Phone 1 m. Sd.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Katherine McGinn
Town _____ County _____
Died at _____
Date of death *1905 Oct 13* Month *Oct* Day *13* Age *13* Years _____ Months _____ Days _____
Sex *Female* Color or Race *White* Birth-place *Ir*
Occupation *housewife* Where Residing if not at place of death _____
Married, Single or Widowed *Widowed* Name of Wife or Husband _____
Father's Name _____ Father's Birthplace _____
Mother's Maiden Name _____ Mother's Birthplace _____
Name of person giving information *Miss McGinn* How related to deceased *daughter*

CAUSES OF DEATH

Primary

Old Age

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

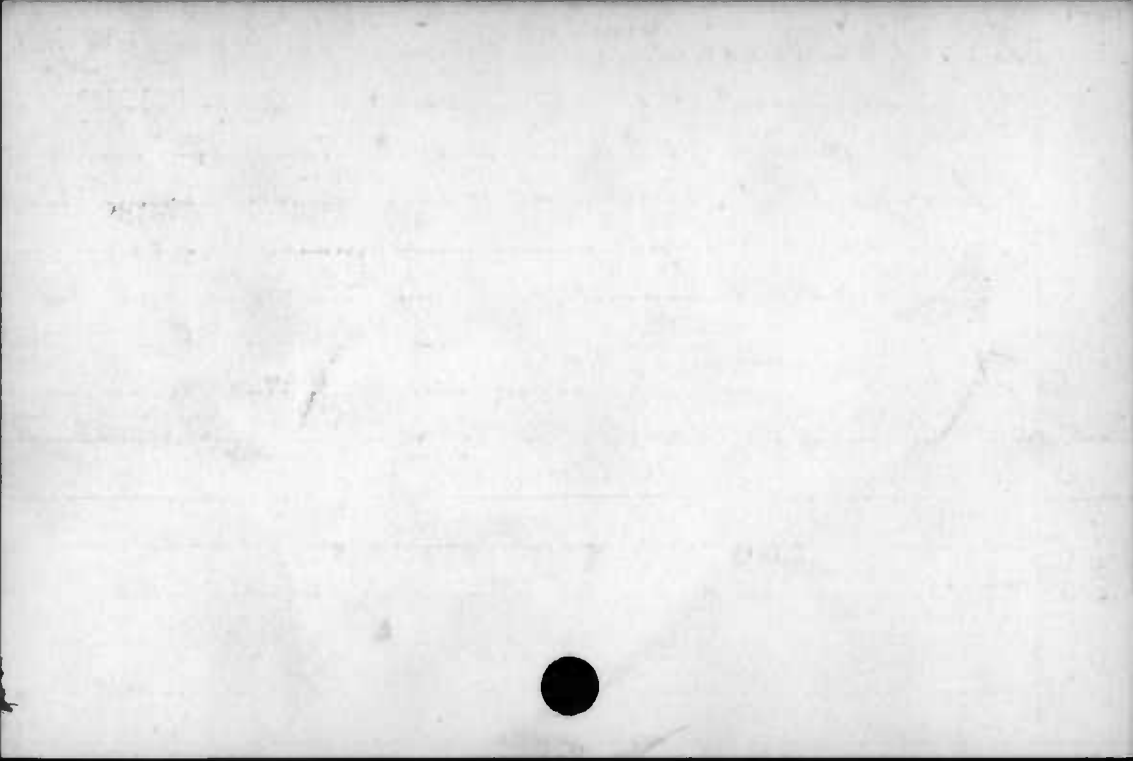
Signature of Physician

Address

Dr J O Wilson
Quilberland
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Katherine McKenzie
Town *Brown* County *Alle*

MARYLAND

Died at *Brown*
Date of death *1905 Oct 13* Age *56* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Josephine McKenzie*
Father's Name *—* Father's Birthplace

Mother's Maiden Name *—* Mother's Birthplace

Name of person giving information *Josephine McKenzie* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Apoplexy* (64) How long *one hour*
Immediate *—* How long *" "*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Edw. J. McKenney*

Address *—*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Mallory</i>		Town <i>Chestertown</i>		County <i>Allegany</i>		STATE <i>MARYLAND</i>	
Died at <i>Chestertown</i>		Month <i>10</i>		Day <i>9</i>		Age <i>49</i>	
Date of death <i>1908</i>		Month <i>10</i>		Day <i>9</i>		Years <i>49</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cleveland</i>			
Occupation <i>Saloon Keeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Mallory</i>					
Father's Name <i>Pat Mallory</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Kate Braderick</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Wife</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

Primary

Hypertrophy of heart

How long

—

Immediate

Heart failure

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. B. Shupe

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

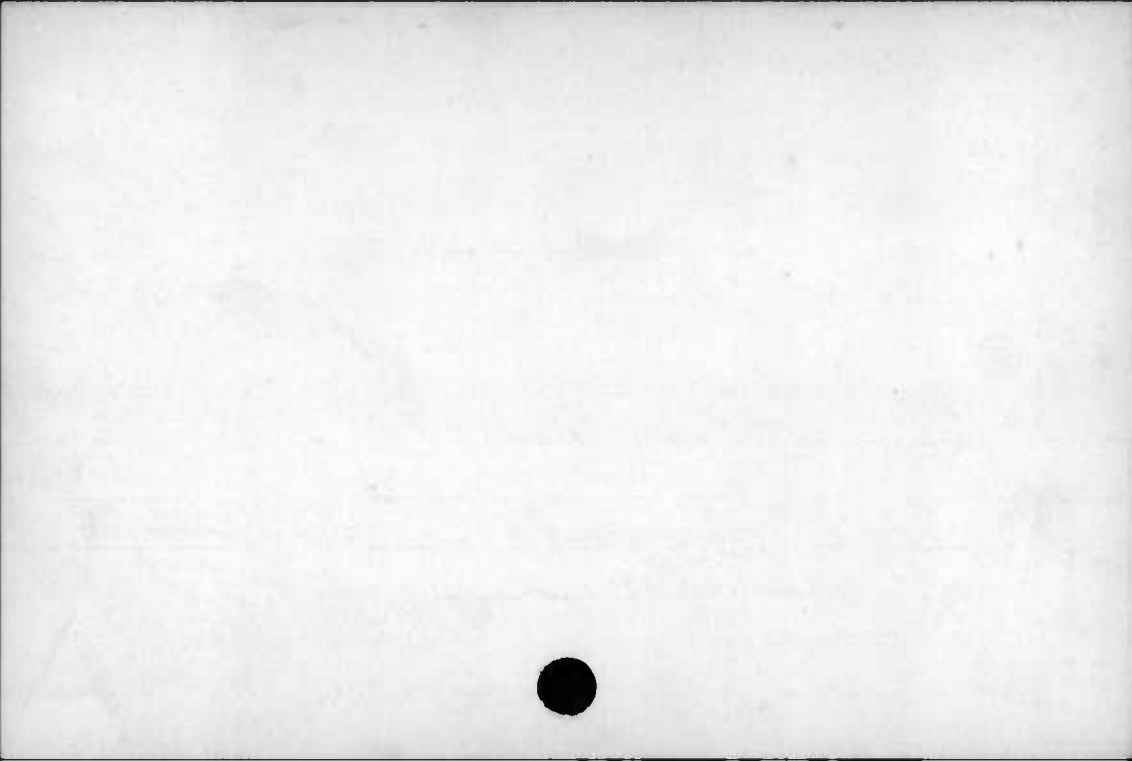
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Josephine Martin</i>		Town <i>Brown</i>		County <i>Alle</i>	
Died at <i>Brown</i>					
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>24</i>	Age <i>65</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place		
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Martin</i>				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information <i>William Martin</i>					How related to deceased <i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Aldamar</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr Wm F. Triggs</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Laura Martin</i>		Town <i>Cumtola</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Month <i>Oct.</i>		Day <i>7</i>		Years <i>11</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumtola</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Conrad Martin</i>				Father's Birthplace <i>Pa.</i>			
Mother's Maiden Name <i>Martha Wilkes</i>				Mother's Birthplace <i>Cumtola</i>			
Name of person giving information <i>Peter Martin</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>		How long <i>24 hrs</i>	
Immediate <i>Exhaustion</i>		How long <i>1.2 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. J. Surgen</i>	
		Address <i>Cumtola Pa.</i>	
Accident or Suicide? <i>—</i>			

16 Lena So.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burmd</i>		Town		County <i>Allegheny</i>		MARYLAND							
Date of death <i>1905</i>		Month <i>05</i>		Day <i>11</i>		Age <i>32</i>		Years <i>7</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Archald Pa</i>									
Occupation <i>Saloon Keeper</i>				Where Residing if not at place of death <i>--</i>									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary</i>											
Father's Name <i>Good</i>		Father's Birthplace											
Mother's Maiden Name <i>Good</i>		Mother's Birthplace											
Name of person giving information <i>Mary Meyls</i>		How related to deceased <i>Wife</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alcoholism</i>		How long <i>11/2</i>	
Immediate <i>Cirrhosis of Liver</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr J J Wilson</i>	
		Address <i>Burmd</i>	
Accident or Suicide?		<i>Md</i>	

1905

1873

32

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Susan Mitchell</i>		Town <i>Frostburg</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months	
		<i>1905 10 15</i>		<i>70</i>		<i>—</i>	
Sex <i>F</i>		Color or Race <i>W.</i>		Birth-place <i>Pa</i>			
Occupation <i>H. W.</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>P. T. Mitchell</i>					
Father's Name <i>David Hartzell</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Angela Kner</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Allie Hartzell</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastric carcinoma</i> (40)	How long	<i>2 yrs</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. H. O. McLane</i>	
		Address <i>Frostburg Md</i>	
Accident or Suicide?			

Wm

Allegany County -


Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

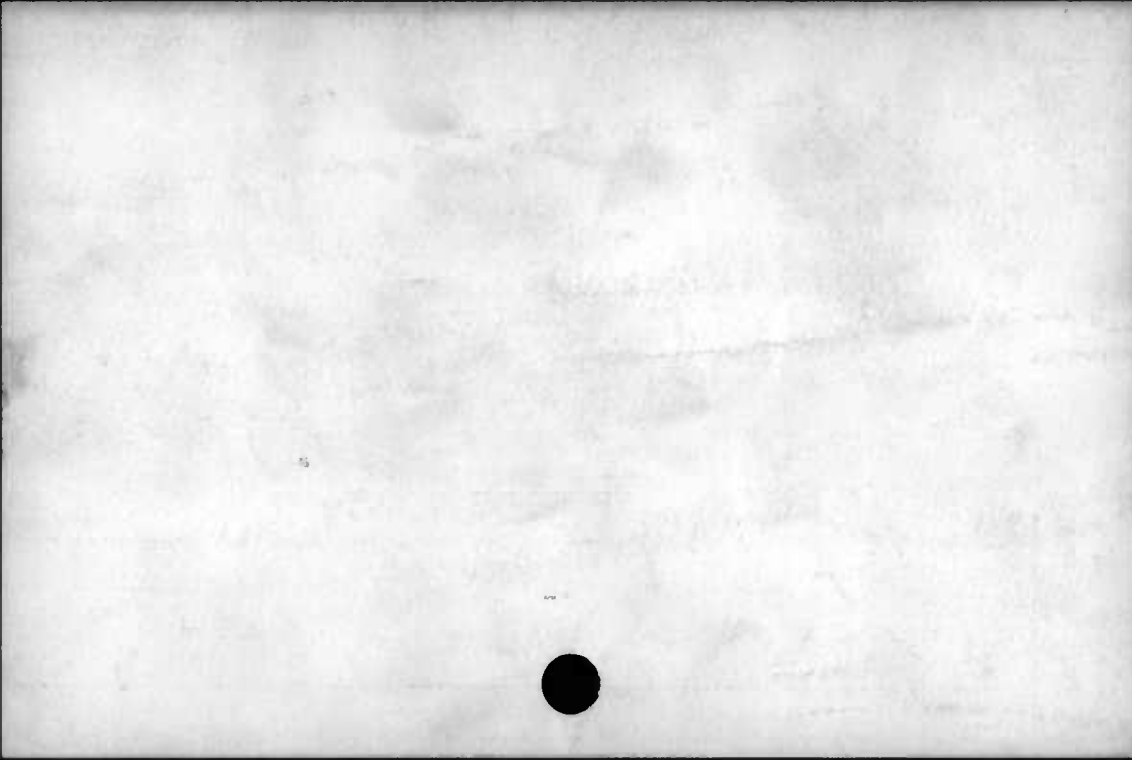
CERTIFICATE OF DEATH

MARYLAND

Died at <u>Franklin</u> ^{Town}		County <u>alligany</u>				
Date of death 190	<u>5</u> ^{Month}	<u>10</u> ^{Day}	<u>24</u> ^{Age}	<u>7</u> ^{Years}	<u>X</u> ^{Months}	<u>12</u> ^{Days}
Sex <u>Boy</u>	Color or Race <u>White</u>		Birth-place <u>Franklin</u>			
Married, Single or Widowed <u>Bachelor</u>		Occupation <u>X</u>				
Name of Wife or Husband <u>Charles Morrow</u>						
Father's Name <u>X</u>		Father's Birthplace <u>Charles Morrow</u> <u>va</u>				
Mother's Maiden Name <u>Mary Gay</u>		Mother's Birthplace <u>va</u>				
Name of person giving information <u>Elizabeth Morrow</u>		How related to deceased <u>mom</u>				

CAUSES OF DEATH

Primary <u>Spazums</u>	How long <u>6 hrs</u>
Immediate <u>X</u>	How long <u>X</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. Morrow</u>
	Address 
Accident or Suicide?	



Name
in
Full

Lena Moran

CERTIFICATE OF DEATH

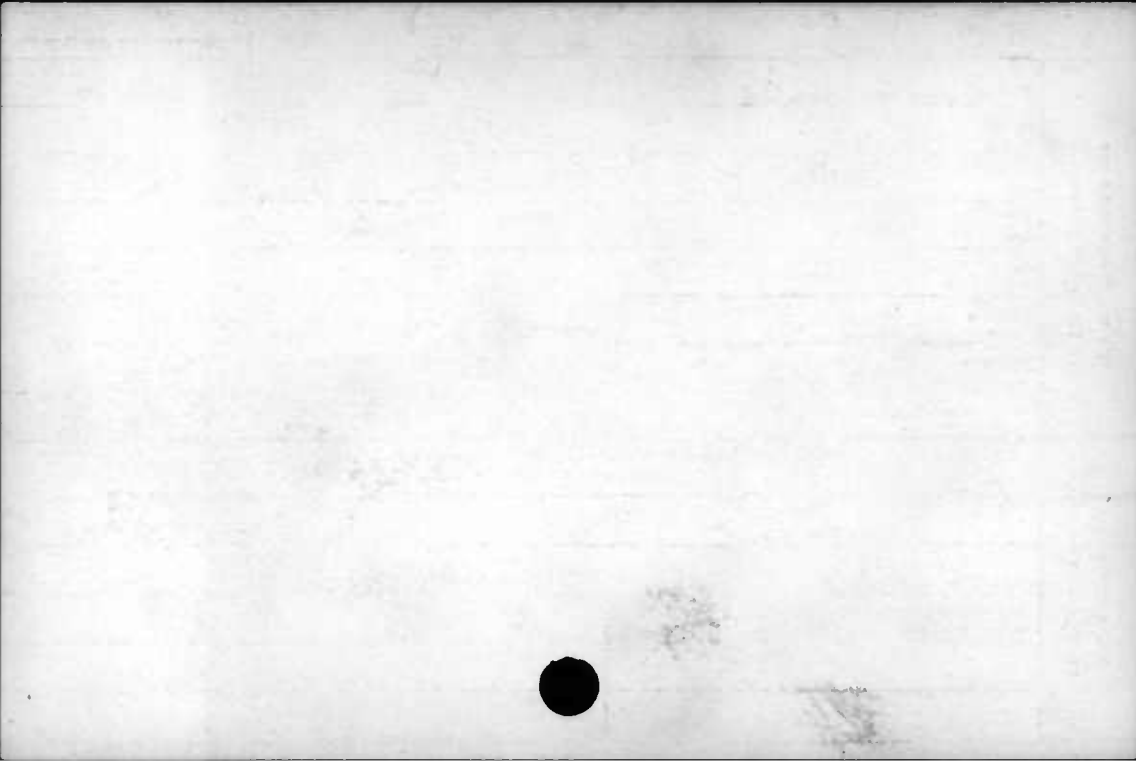
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So Annabland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Feb</i>	Day <i>8</i>	Age <i>2</i>	Months <i>11</i> Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Annab'd Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John J Moran</i>			Father's Birthplace <i>N. Va.</i>		
Mother's Maiden Name <i>Dora May Schae</i>			Mother's Birthplace <i>N Va</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>1 Week</i>
Immediate <i>Heart Failure from Diphtheria, Toxemia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm L. Broadus</i>
	Address <i>25 Vaan</i>
Accident or Suicide? <i>No</i>	<i>Annabland Md</i>



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Grace Morgan

Town

Lonaconing

County

Allegheny

Date

of death

1905

Month

Oct

Day

23

Age

Years

17

Months

4

Days

21

Sex

Female

Color or
Race

White

Birth-
place

Lonaconing

Occupation

Schoolgirl

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Esau Morgan

Father's
Birthplace

Waller

Mother's
Maiden Name

Rebecca Pinner

Mother's
Birthplace

Pa

Name of person giving
information

William Morgan

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

21 days

Immediate

Intestinal Hemorrhage

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

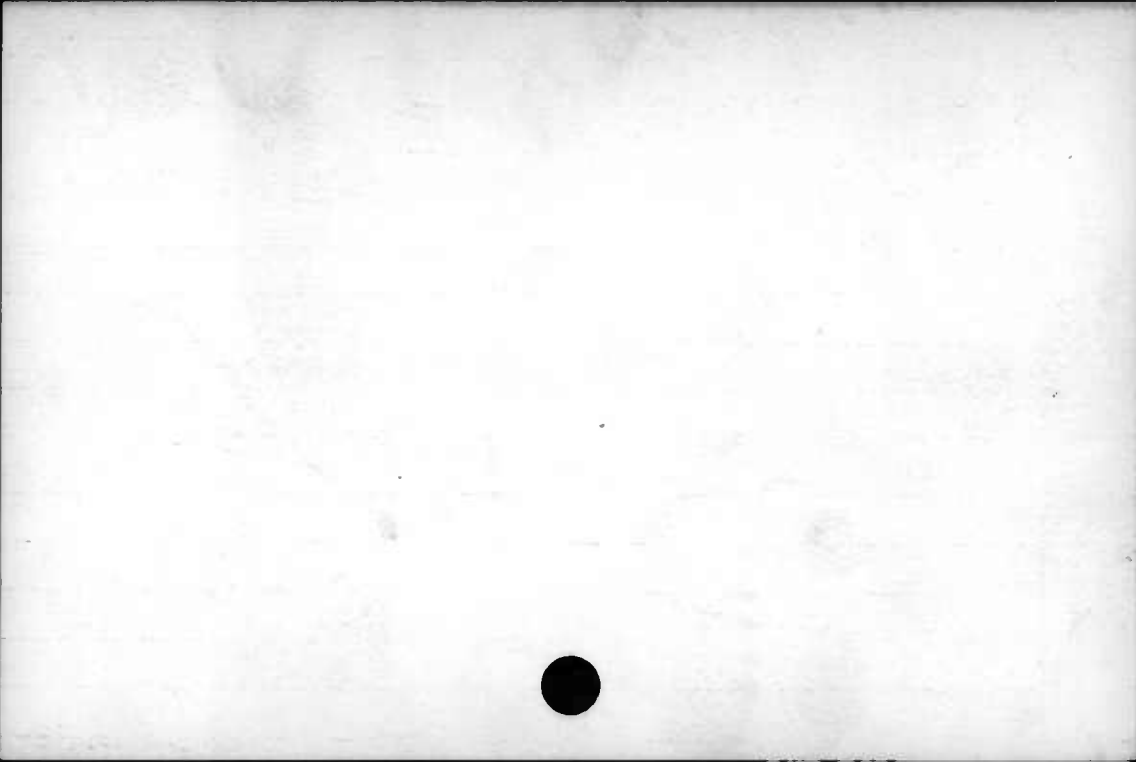
Signature of
Physician

Address

Henry M. Hodgson
Lonaconing, Md

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Senaconing</i> Town		<i>Allegany</i> County		MARYLAND							
Date of death	1905	Month	<i>Oct</i>	Day	<i>26</i>	Years	<i>22</i>	Months		Days	<i>15</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Senaconing</i>				
Occupation	<i>Miner</i>			Where Residing if not at place of death			<i>—</i>				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband			<i>—</i>					
Father's Name	<i>Andrew Norton</i>					Father's Birthplace	<i>Perttama</i>				
Mother's Maiden Name	<i>Margaret Turner</i>					Mother's Birthplace	<i>Nova Scotia</i>				
Name of person giving information	<i>Mrs Andrew Norton</i>					How related to deceased	<i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>10 days</i>
Immediate	<i>Intestinal Hemorrhage</i>	How long	<i>2 Hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>James C. Bullock</i>	
		Address	
		<i>Senaconing Md</i>	
Accident or Suicide?			
<i>no</i>			



Name
in
Full

Joshua Mower

CERTIFICATE OF DEATH
West Va
MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

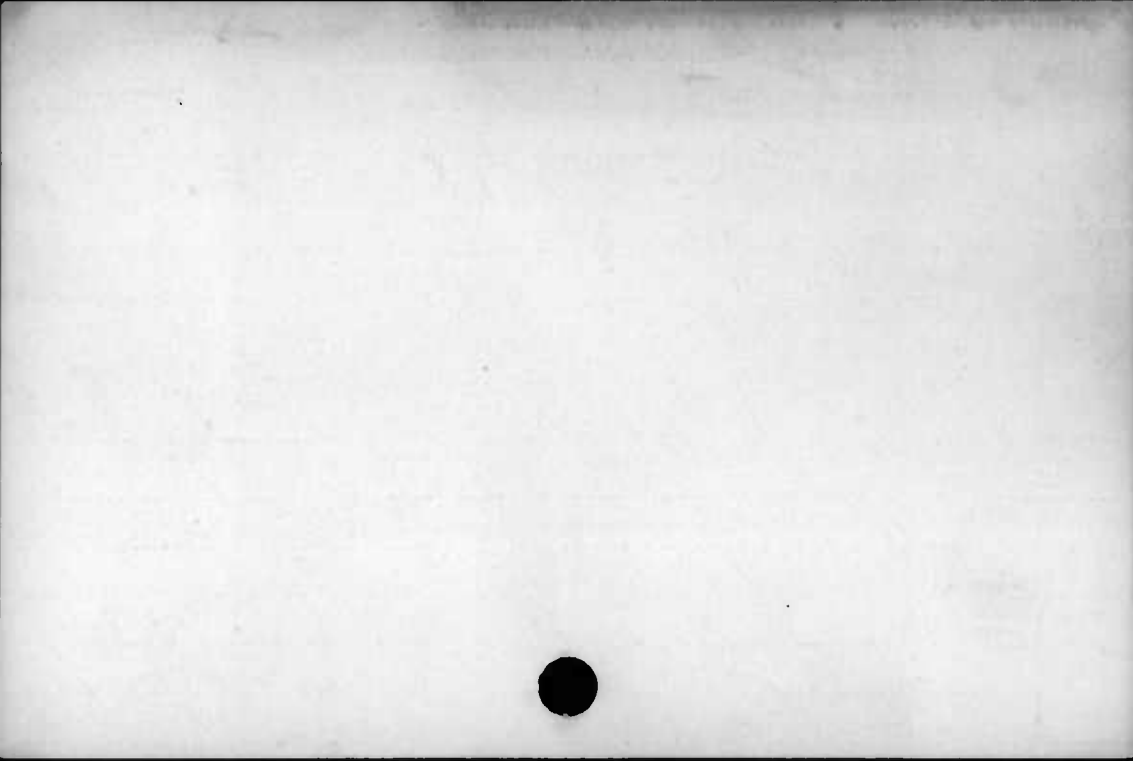
Died at <i>Ridgely</i> Town		<i>Mineral</i> County			
Date of death	<i>1905</i> Month <i>Oct</i> Day <i>3</i>	Age	<i>90</i> Years	Months <i>8</i>	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Pa</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<i>Nellie Mower</i>			How related to deceased <i>Daughter</i>	

154 ✓

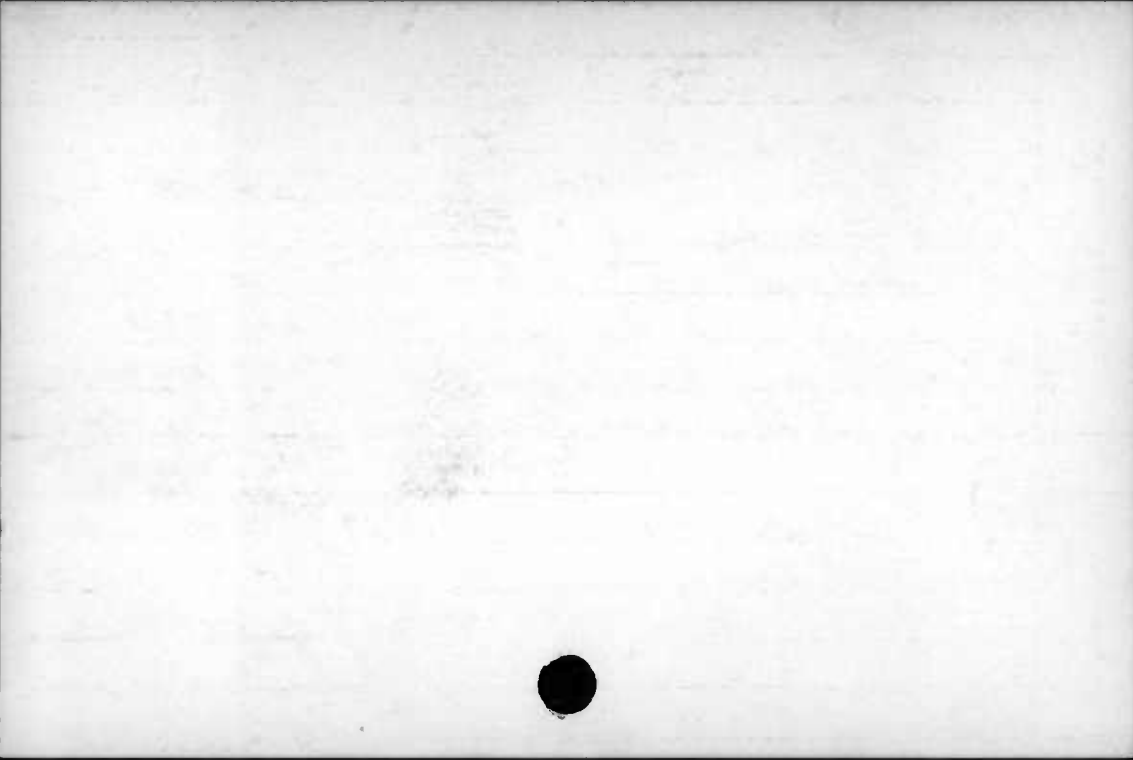
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	
Immediate	<i>Old Age</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr W W Wiley</i>
		Address	<i>Cumtland Md</i>
Accident or Suicide?			



Name in Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Elizabeth Palmer</i>				MARYLAND	
		Date of death <i>1905</i> <i>Oct</i> <i>19</i>		Age <i>5-4</i>		Months <i>11</i> Days <i>13</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>England</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Married</i>		Name of Husband <i>John T. Palmer</i>			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information <i>J. T. Palmer</i>		How related to deceased <i>Husband</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Typhoid Fever</i>		How long <i>2 Weeks</i>			
		Immediate <i>Collapse</i>		How long <i>1 day</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Bradup M.D.</i>			
				Address <i>95 Va ave</i>			
		Accident or Suicide? <i>no</i>		<i>Cumberland</i>		<i>Pa</i>	



Name
in
Full

Minnie Paxton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burr</i>		County <i>Alle</i>		MARYLAND	
Date of death	1905	Month <i>Oct</i>	Day <i>9</i>	Age <i>21</i>	Years <i>21</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Clerk</i>		Birth-place	<i>Md</i>	
Married, Single or Widowed <i>Single</i>			Where Residing if not at place of death		
Father's Name <i>Oliver Paxton</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary E Shields</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Oliver Paxton</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>12 mo</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Edward Harris</i>	
		Address <i>Cumberland Md.</i>	
Accident or Suicide?			



Name
in
Full

Lewis Hamilton Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

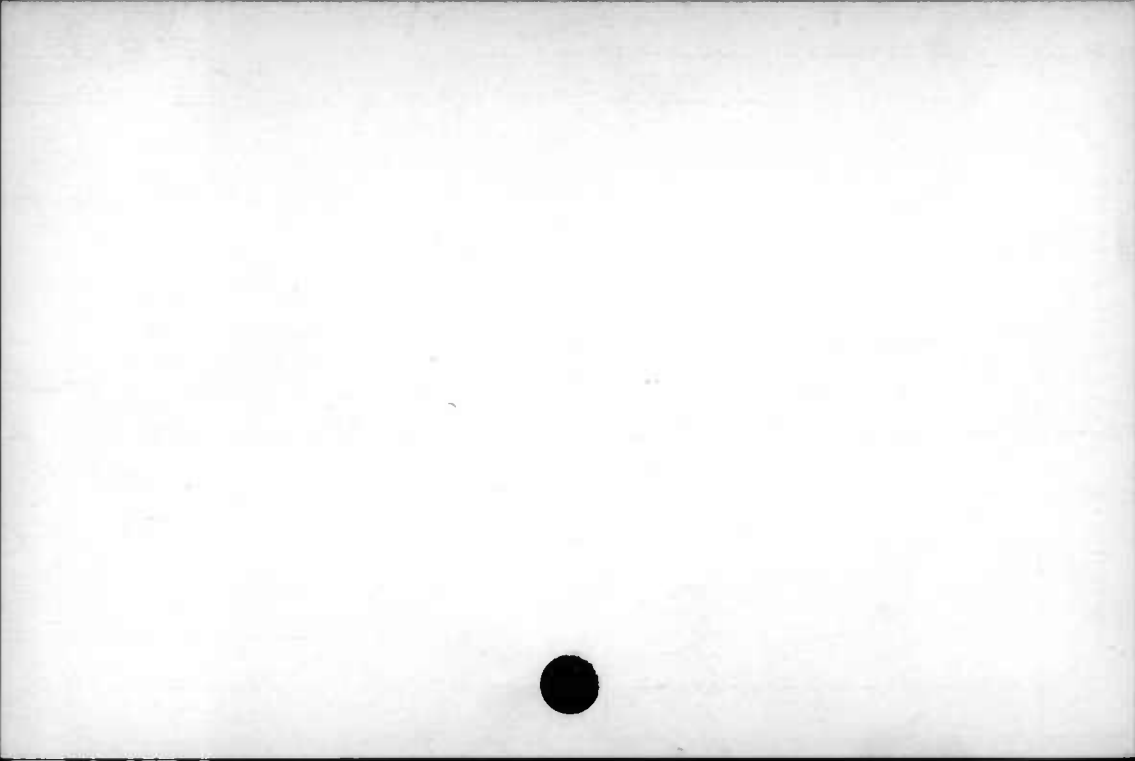
Died at ^{Town} Luke ^{County} Allegheny **MARYLAND**
Date of death 1905 Oct 4 Age 5 18
Sex male Color or Race White Birth-place Luke
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Martin Beck Father's Birthplace Hancock, Md.
Mother's Maiden Name Emma Lauehart Mother's Birthplace " "
Name of person giving information Martin Beck ☒ Now related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long _____
Immediate Cholera How long 3 days
Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician V. H. Hansen
Address Piedmont, W. Va.
Accident or Suicide? no



Name
in
Full

CERTIFICATE OF DEATH

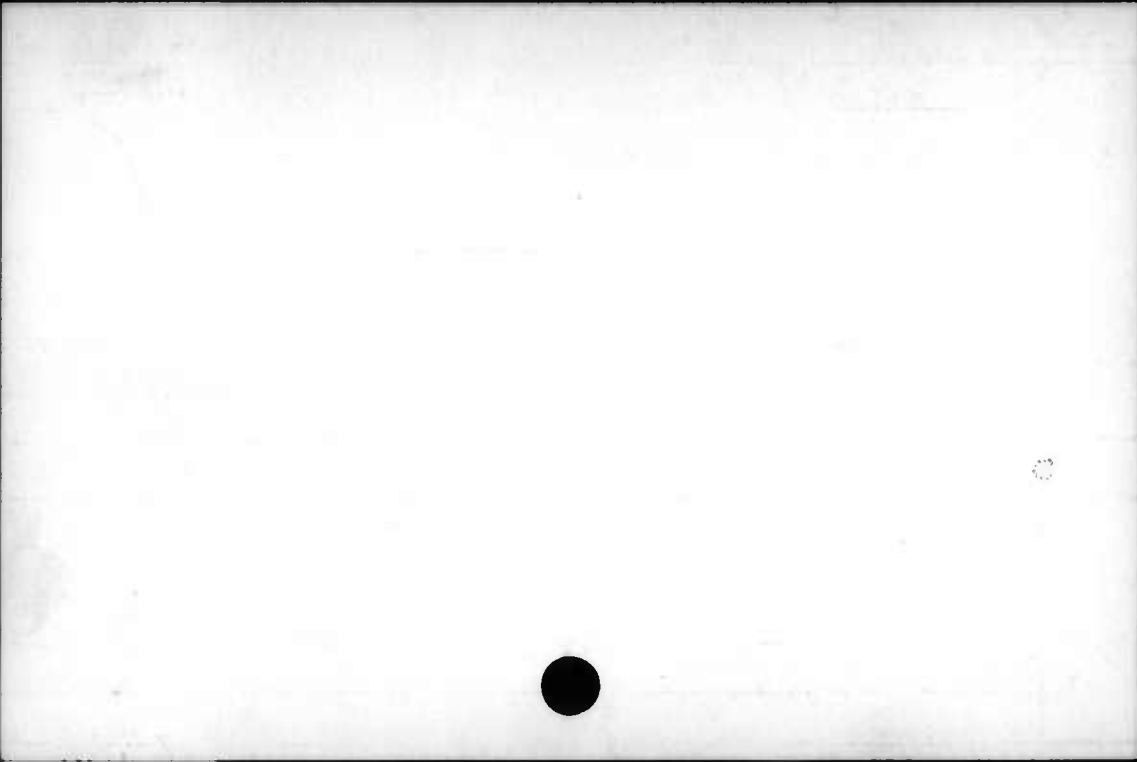
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Edward Rameford</i>		County <i>W. Snag</i>		State <i>MARYLAND</i>	
Died at <i>W. Snag</i>		Month <i>Dec.</i>		Day <i>28</i>	
Date of death <i>1905</i>		Years <i>63</i>		Months <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Manchester Eng.</i>	
Occupation <i>R.R. Agent</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lillian Pyren</i>			
Father's Name <i>Mar. Ellis Pyren</i>		Father's Birthplace <i></i>			
Mother's Maiden Name <i>F. K. Rameford</i>		Mother's Birthplace <i></i>			
Name of person giving Information <i>F. K. Rameford</i>		How related to deceased <i>SON</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>10 years</i>
Immediate <i>Cardiac Syncope</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
Signature of Physician <i>Edward Quares</i>	
Address <i>W. Snag. Md.</i>	
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

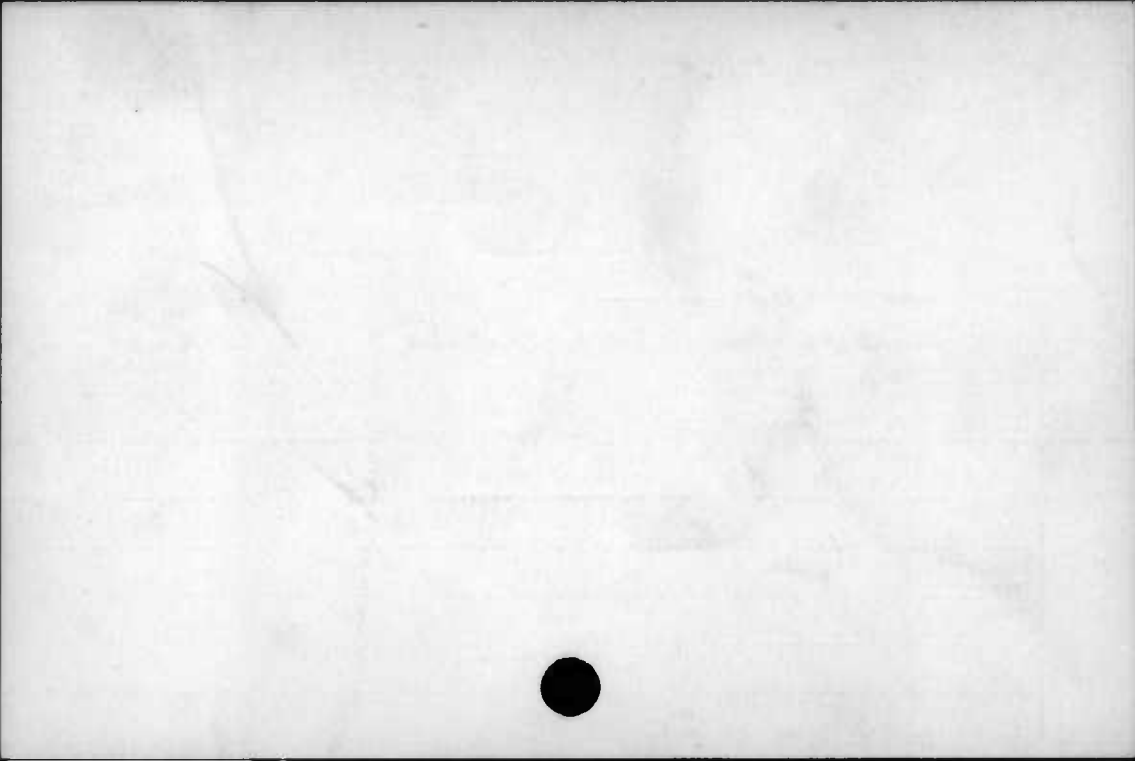
TO BE ANSWERED BY
NEAREST FRIEND

Phillips R Racer		Town		County		MARYLAND	
Died at <i>Burrton</i>							
Date of death <i>1905</i>		Month <i>05</i>	Day <i>28</i>	Age	Years	Months <i>9</i>	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Burrton</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>George W. Racer</i>		Father's Birthplace <i>Burrton</i>					
Mother's Maiden Name <i>Eleana Farwell</i>		Mother's Birthplace <i>Burrton</i>					
Name of person giving information <i>George W. Racer</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Dr. Thos Mc Donald</i>
		Address <i>Mr. J. Crandall</i>
Accident or Suicide?		<i>Ind.</i>



Name
in
Full

Andrew Arnold Reichart

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

6 min

Date

Month

Day

Years

Months

Days

of death

1905

Oct

11

Age

3

3

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John Reichart

Father's
Birthplace

Md

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

John Reichart

How related
to deceased

Father

CAUSES OF DEATH

Primary

Hepatitis

How long

Immediate

Convolutions

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

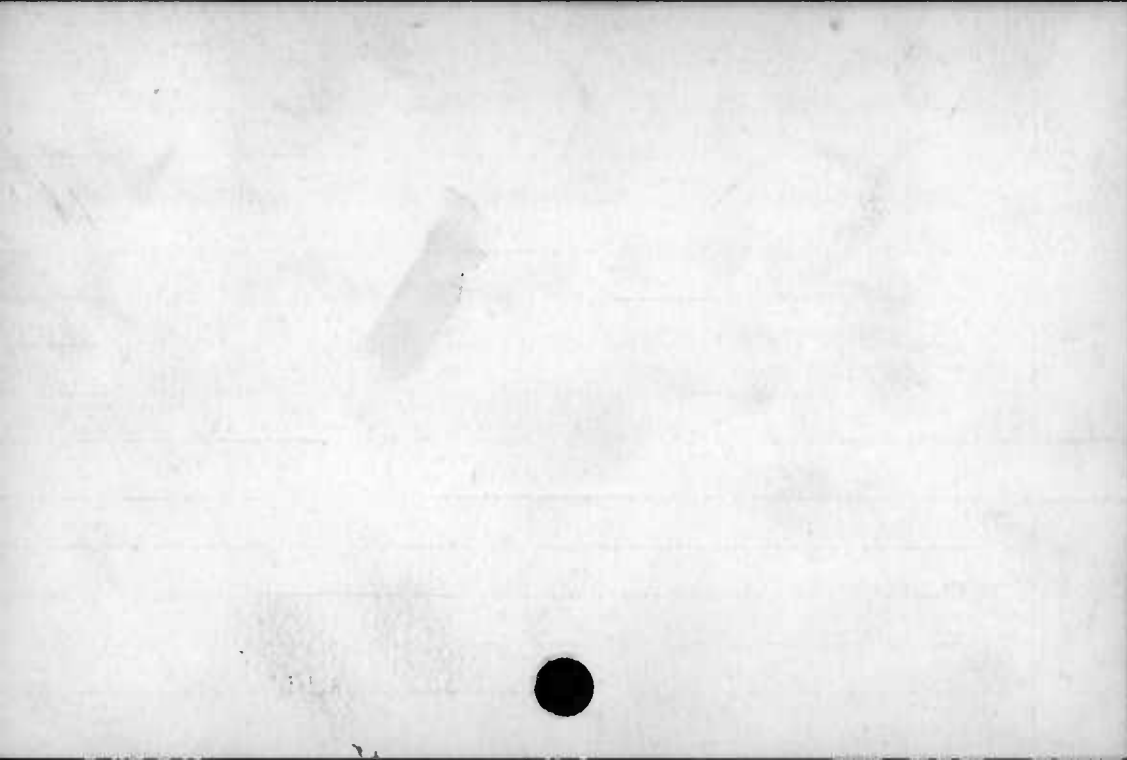
Dr. J. J. Wilson

Cumberland
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

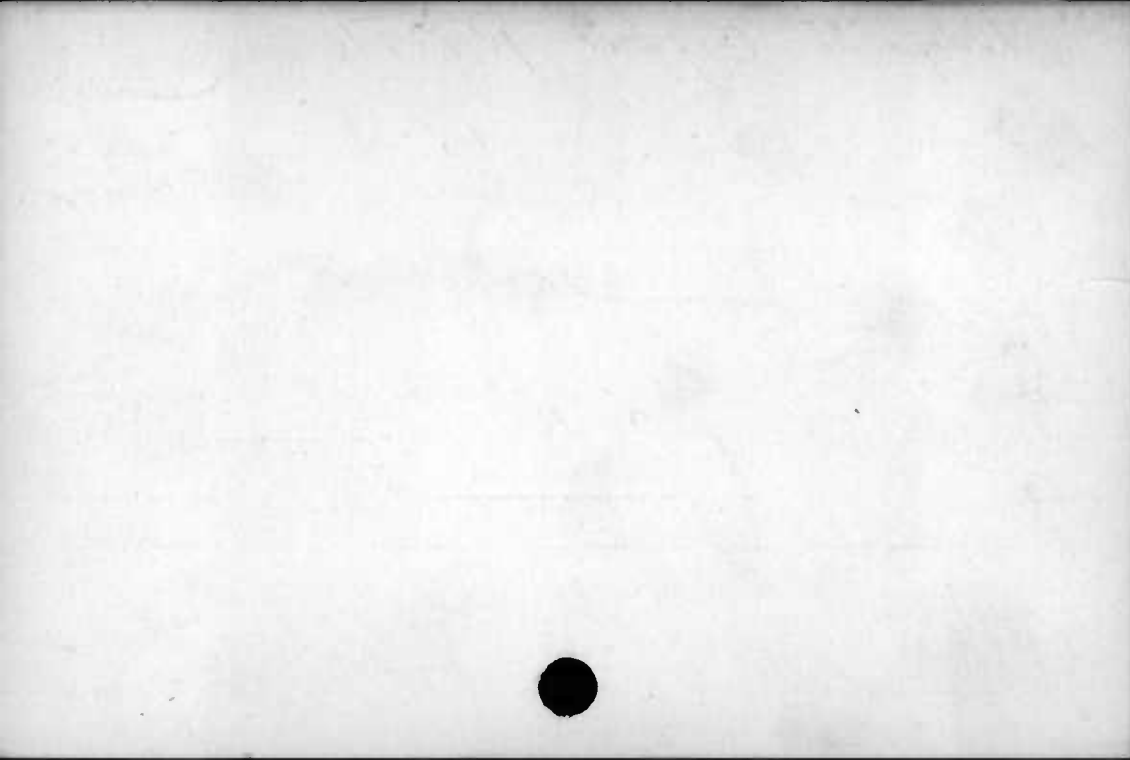
Charles August Reith

MARYLAND

Died at <i>Cumt-d</i>		Town <i>Cumt-d</i>		County <i>anugay</i>			
Date of death <i>1905</i>	Month <i>DE</i>	Day <i>4</i>	Age <i>64</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Contractor</i>			Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Margaret</i>					
Father's Name <i>_____</i>			Father's Birthplace <i>_____</i>				
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>_____</i>				
Name of person giving information <i>Margaret Reith</i>			How related to deceased <i>Wife</i>				

CAUSES OF DEATH

Primary		(178)		How long	
Immediate <i>Sudden Death. Heart Failure</i>				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Wilson</i>			
		Address <i>Adm. Cumt-d Act. Coroner</i>			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Inf. O C Riley*

Died at *Cumuld* Town *Alleghany* County

State *MARYLAND*

Date of death *1908* Month *Oct.* Day *24* Age *24* Years Months *0* Days *0*

Sex *Male* Color or Race *White* Birth-place *Cumuld*

Occupation *_____* Where Residing if not at place of death *_____*

Married, Single or Widowed *Single* Name of Wife or Husband *_____*

Father's Name *O C Riley* Father's Birthplace *W Va.*

Mother's Maiden Name *Esther Perishant* Mother's Birthplace *W Va.*

Name of person giving information *O C Riley* How related to deceased *Mother.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long *S.*

Immediate *Exhaustion* How long *S.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. Thos Room*

Address *Stem Cumberland Md*

Accident or Suicide? *_____*



Name
in
Full

Homer Kennedy Ringer

CERTIFICATE OF DEATH

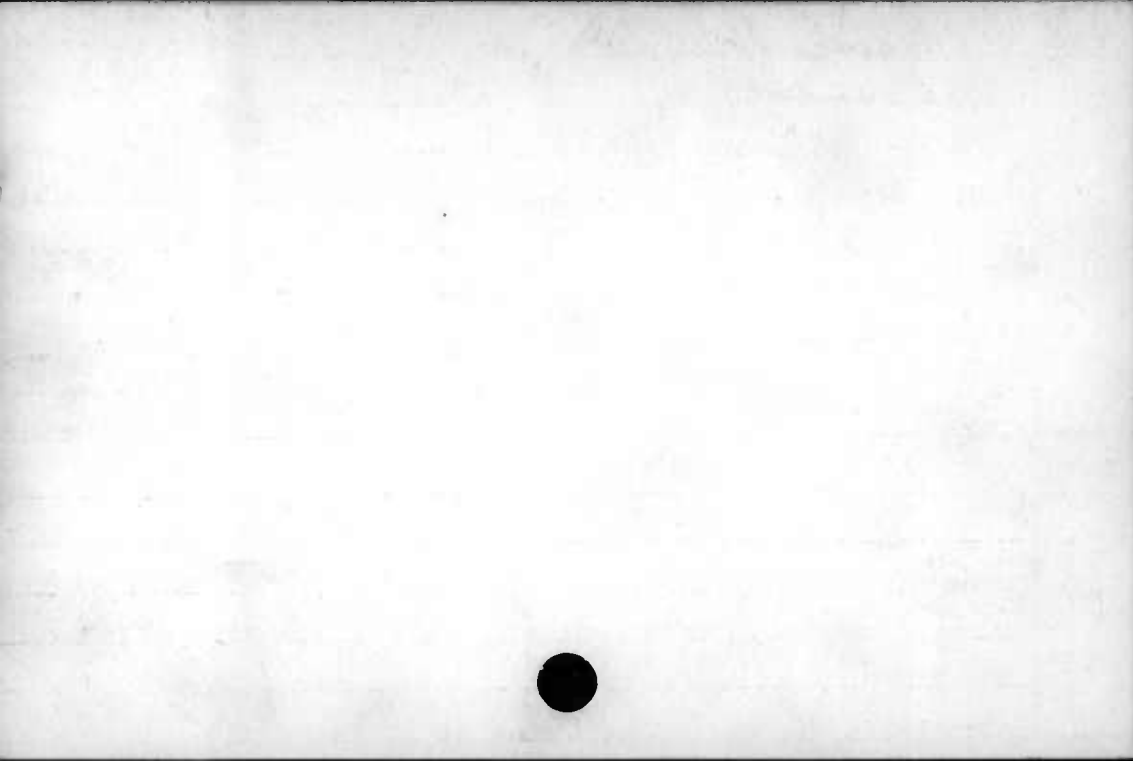
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		1905	Month Oct	Day 23	Age One	Years 10	Months -
Sex male		Color or Race white		Birthplace Cumberland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Sylvester Ringer				Father's Birthplace Pa.			
Mother's Maiden Name Ida Smith				Mother's Birthplace Pa.			
Name of person giving information Idella Bowman				How related to deceased Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drug Poisoning	How long	20 min
Immediate	Cholera	How long	few minutes
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		O. L. Owens, M.D.	
Address		98 Va Ave Cumberland Md.	
Accident or Suicide?			



Name
in
Full

Elizabeth Ruby

CERTIFICATE OF DEATH

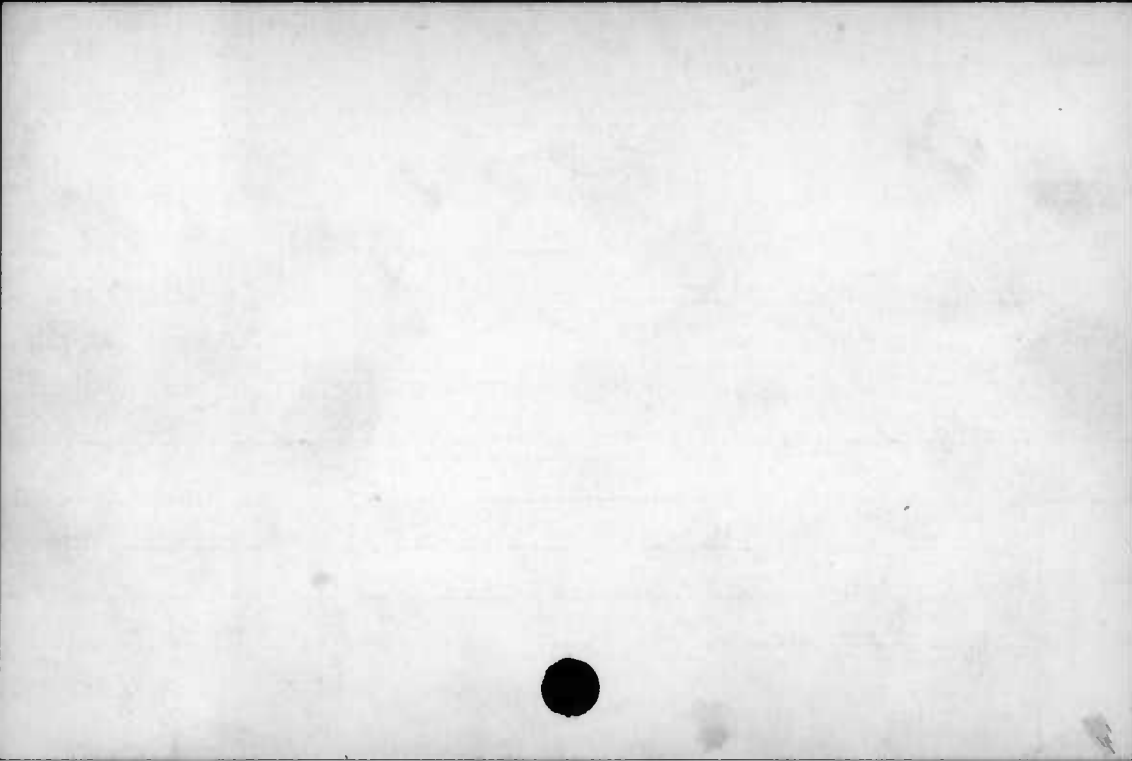
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i> <small>Town</small>		<i>Calby</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month <i>10</i>	Day <i>3</i>	Age <i>84</i>	Months Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i> Md</i>			
Occupation _____		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Nathaniel Ruby</i>			
Father's Name <i>Chas Ruby</i>		Father's Birthplace <i> Md</i>			
Mother's Maiden Name <i>Sarah</i>		Mother's Birthplace			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>154</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. H. Brace, M. D.</i>	
		Address <i>Per.</i>	
Accident or Suicide?			



Name
in
Full

Clara Smith

CERTIFICATE OF DEATH

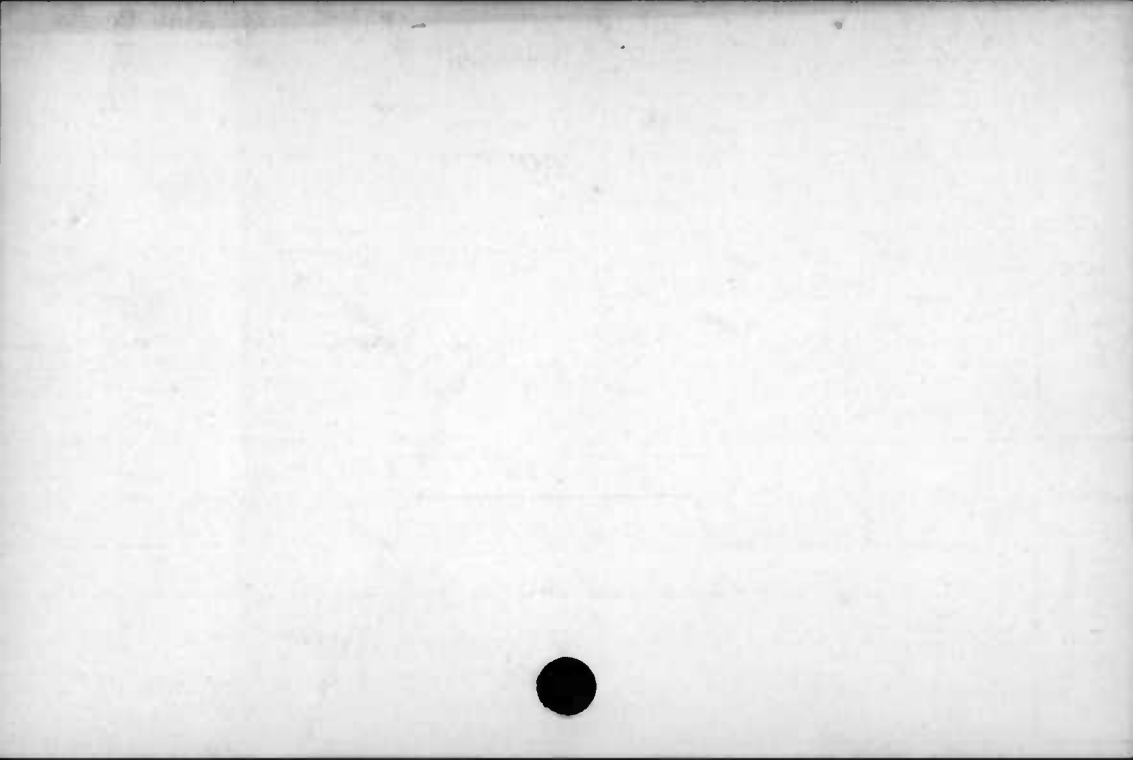
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtad</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>19</i>	Age <i>8</i>	Months <i>5</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumtad</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Henry Smith</i>			Father's Birthplace <i>Cumtad</i>		
Mother's Maiden Name <i>Elizabeth Hasselberger</i>			Mother's Birthplace <i>Switzerland</i>		
Name of person giving information <i>Henry Smith</i>			How related to deceased <i>Father</i>		

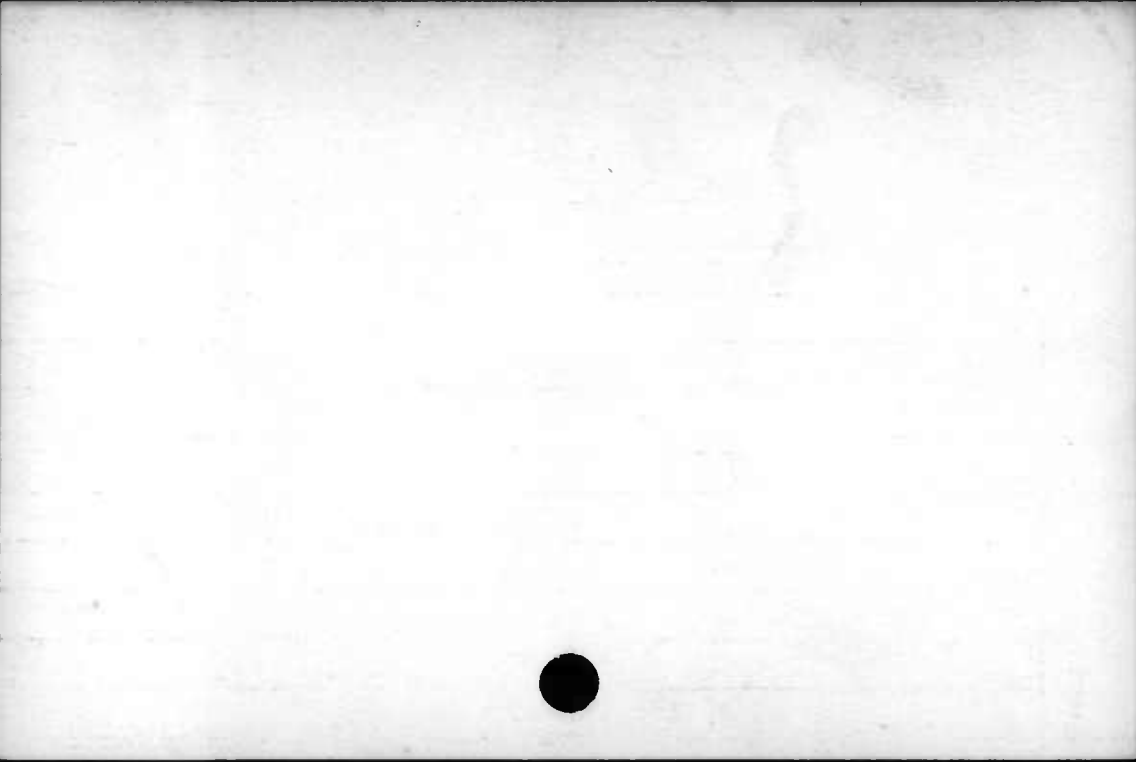
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>2 days</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thomas W. Koon</i>
	Address <i>Richmond</i>
Accident or Suicide?	



Name in Full Edgar Earl Somerville		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Westernport ^{Town}		Allegany ^{County}
	Date of death 1905		10 ^{Month}
	19 ^{Day}		19 ^{Years}
	6 ^{Months}		18 ^{Days}
	Sex Male	Color or Race White	Birth-place Maryland
	Occupation Scholar	Where Residing if not at place of death	
	Married, Single or Widowed —	Name of Wife or Husband —	
Father's Name E. A. Somerville	Father's Birthplace Penn		
Mother's Maiden Name Eora J. Kight	Mother's Birthplace Maryland		
Name of person giving In formation E. A. Somerville	How related to deceased Father		
Dr. Parsons			
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Abscess of brain	How long one week	
	Immediate The same	How long 2 1/2	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. A. Parsons	
		Address Bedmont W. Va.	
	Accident or Suicide? No		



Name
in
Full

William A. Spiker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lord</u> Town		County <u>Allegany</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>13</u>	Age <u>88</u>	Months <u>1</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>New Germany</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Emily Metz deceased</u>				
Father's Name <u>Adam Spiker</u>	Father's Birthplace <u>Germany</u>		Mother's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Martha</u>	Name of person giving information <u>Henry A. Spiker</u>		How related to deceased <u>Nephew</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Infirmities of age - otherwise not known</u>	How long <u>Poorly for one or two</u>
Immediate <u>Not attended by any physician</u>	How long <u>months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James O. Bullock M.D.</u>
	Address <u>Lawrence Maryland</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Lloyd Sprigg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtob</u> ^{Town}		County <u>Alleghany</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>10</u>	Day <u>27</u>	Age <u>39</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Alleghany Co.</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Cumtob Md.</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Randolph Sprigg</u>		Father's Birthplace <u>Alleghany Co.</u>			
Mother's Maiden Name <u>Marietta Randolph</u>		Mother's Birthplace <u>Alleghany Co.</u>			
Name of person giving Information <u>Marietta Randolph</u>		How related to deceased <u>MOTHER</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer of Face</u>	How long <u>18 months</u>
Immediate <u>Gravel exhalation</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. W. W. W. W.</u>
	Address <u>Cumtob Md.</u>
Accident or Suicide? <u></u>	

Name
in
Full

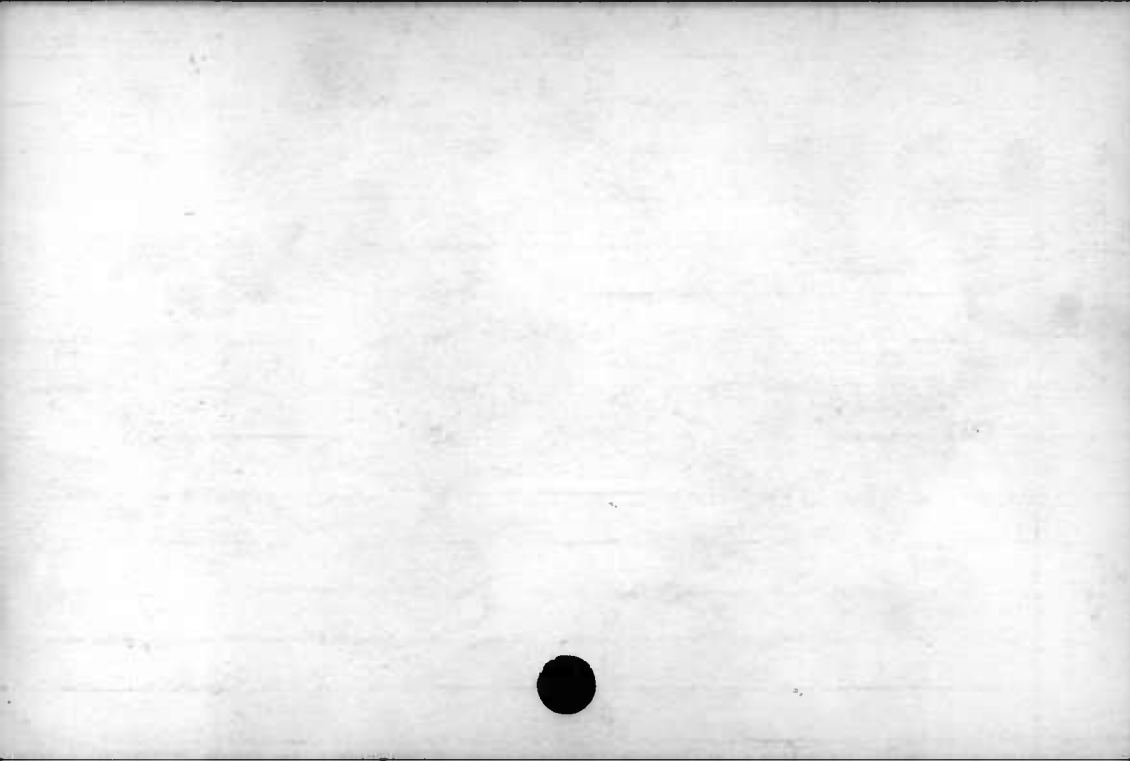
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport Ord</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>16</i>	Age <i>83</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wittenburg Pa</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Lizzie Guinger</i>				
Father's Name <i>J. F. Guinger</i>	Father's Birthplace <i>Wittenburg</i>				
Mother's Maiden Name <i>Katharine Bonamer</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Son</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Old age</i>	How long <i>x</i>
Immediate <i>Old age</i>	How long <i>x</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. Parsons</i>
	Address <i>Bedmont W. Pa</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

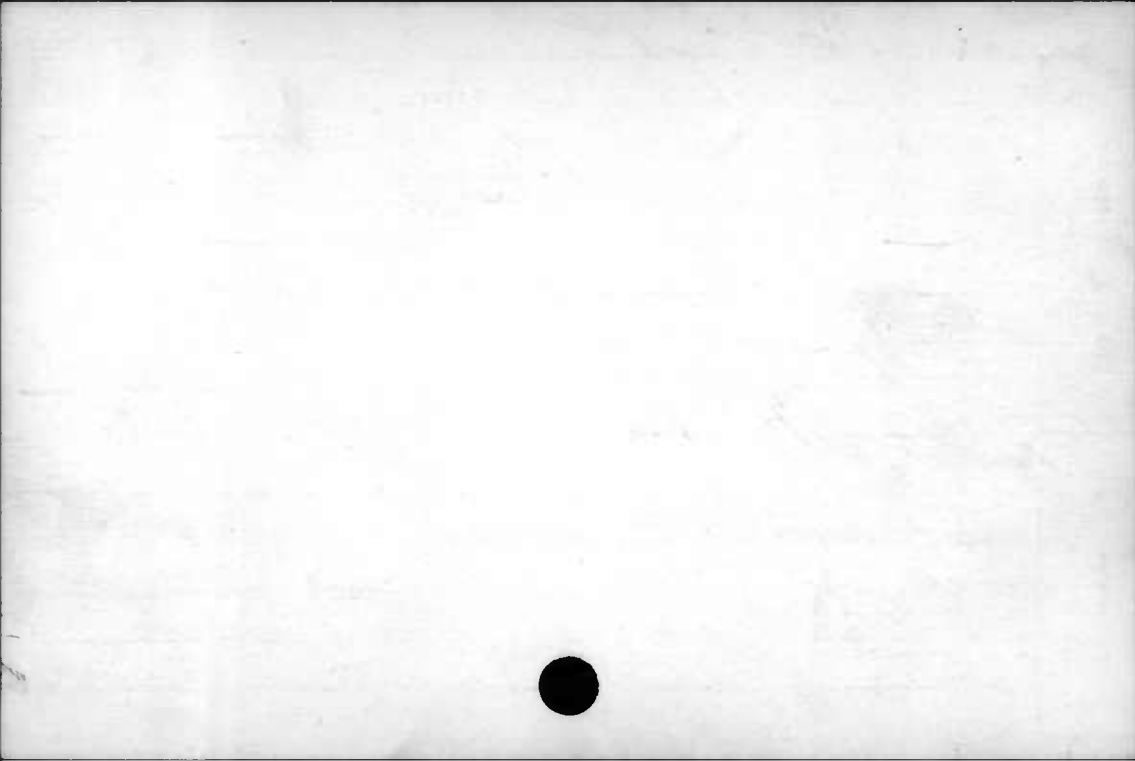
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesterford</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	1903	Month	10	Day	18
Sex	Female	Color or Race	White	Age	Years <i>1</i> Months <i>3</i> Days <i>18</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	<i>Joseph Strickler</i>		
Father's Name	<i>John Strickler</i>		Father's Birthplace	<i>Blanchburg</i>	
Mother's Maiden Name	<i>Delia Mary</i>		Mother's Birthplace	<i>Lukes</i>	
Name of person giving information	<i>Walter</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Natural Cause</i>	How long	<i>one day</i>
Immediate	<i>✓</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>L. J. Long</i>
		Address	<i>Thiedsford</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Henry E. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Allegany ^{State} MARYLAND

Date of death 1905 ^{Month} Oct ^{Day} 24 ^{Age} 70 ^{Years} ^{Months} — ^{Days} —

Sex male ^{Color or Race} white ^{Birth-place} England

Occupation Pattern maker ^{Where Residing if not at place of death} —

Married, Single or Widowed Married ^{Name of Wife or Husband} Rosanna Taylor

Father's Name Joseph B. Taylor ^{Father's Birthplace} England

Mother's Maiden Name Sarah Wooten ^{Mother's Birthplace} England

Name of person giving information Mrs Henry E. Taylor ^{How related to deceased} wife

CAUSES OF DEATH


PHYSICIAN
OR CORONER

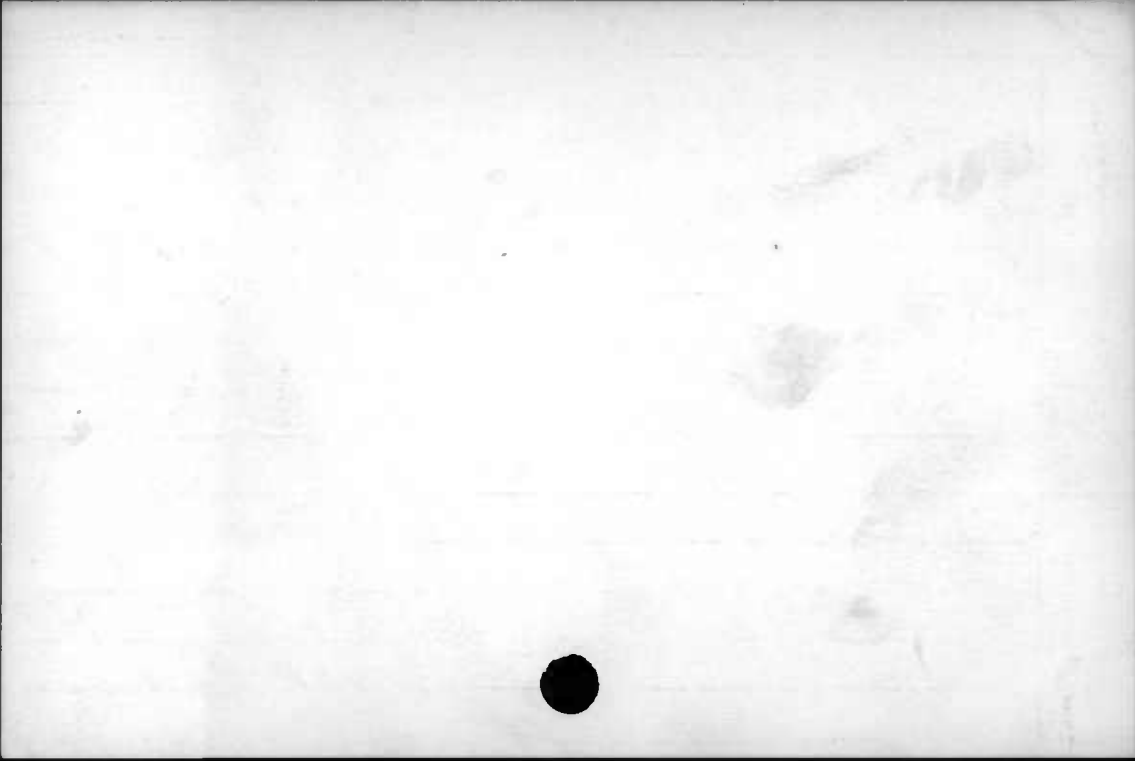
Primary Organic heart disease ^{How long} about 2 1/2 years

Immediate General dropsy - ^{Pulmonary} edema ^{How long} Several days

Are the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} E. S. Purse

^{Address} Cumberland Md

Accident or Suicide? 



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chamberland</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>Oct.</i> Day <i>6</i>		Age <i>22</i> Years		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Amold</i>	
Occupation <i>Bookkeeper</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank Tole</i>		Father's Birthplace <i>Amold</i>			
Mother's Maiden Name <i>A. Rowden</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Frank Tole</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 1/2 wks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Thos. Johnson</i>
	Address <i>Chamberland</i>
	<i>Ma</i>
Accident or Suicide?	



Handwritten text, possibly "Wm. H. ..."



Name
in
Full

CERTIFICATE OF DEATH

Roy Vandergrift

Town

County

MARYLAND

Died at

Burrhead

Date

of death 1905

Month

Oct

Day

8

Years

10

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Hazelwood Pa

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm. J. Vandergrift

Father's
Birthplace

Pa

Mother's
Maiden Name

Lillie Edmonds

Mother's
Birthplace

Pa

Name of person giving
Information

C. W. Edmonds

How related
to deceased

Brother in Law

CAUSES OF DEATH

Primary

How long

Immediate

Dilated Heart

How long

life

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

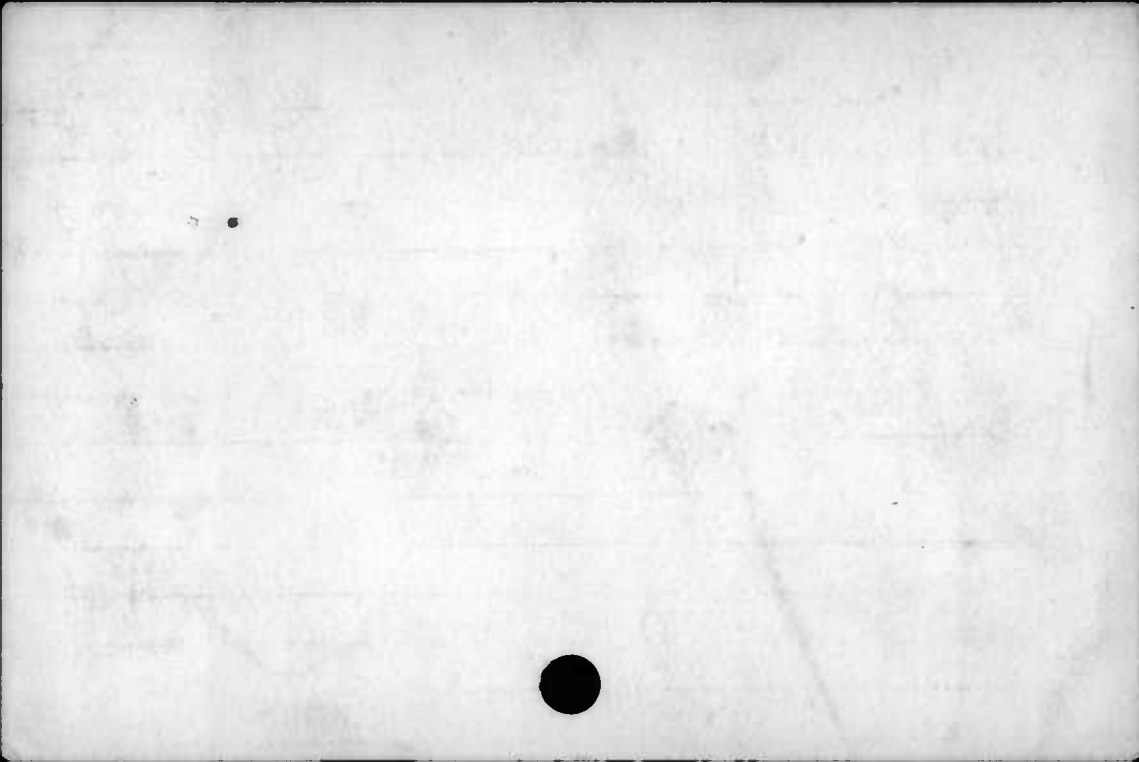
Thomas S. Koon M.D.
Burrhead Md

Accident or Suicide?

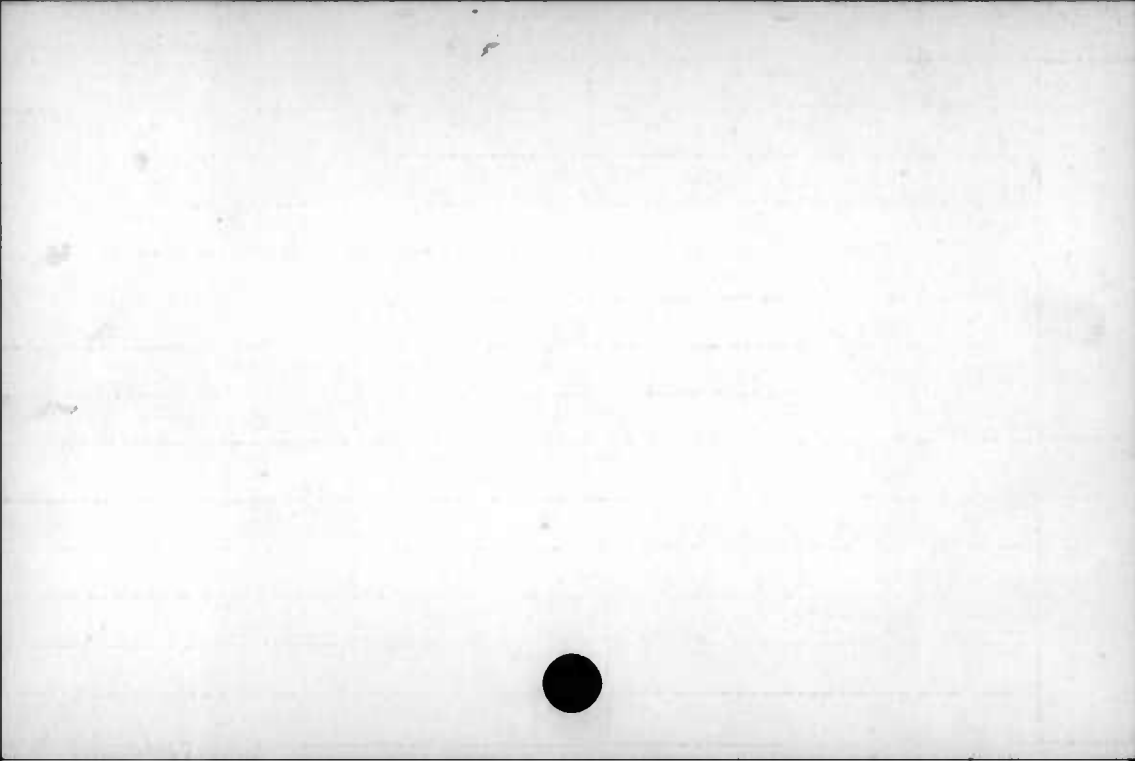
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

2915

Name in Full		Christina Wagner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Throlling ^{Town}		Alleg ^{County}		MARYLAND	
	Date of death		1905 Oct 6		Age 167		Months 2 Days 23	
	Sex F		Color or Race W		Birth-place W. Va			
	Occupation Domestic		Where Residing if not at place of death					
	Married, Single or Widowed		Name of Wife or Husband Peter Wagner					
	Father's Name - Liphart		Father's Birthplace Germany					
	Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		Jas. Wagner		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis		How long		One Year	
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. Griffith		Address		Ft. Valley	
	Accident or Suicide?							



Name in Full		Alfred James Wheeler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Lancaster		County Allegheny		MARYLAND	
	Date of death 190	3	Month Oct	Day 13	Age 57	Years	Months
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed	Single		Occupation	Book-keeper		
	Name of Wife or Husband						
	Father's Name	Alfred W. Wheeler				Father's Birthplace	England
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	C. A. Farneth				How related to deceased	Not at all	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Inhalation of flame & smoke				How long	Very short time
	Immediate	Suffocation				How long	"
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	W. B. Shilling M.D.
						Address	Lancaster, Pa.
	Accident or Suicide?	Accident					



Name
in
Full

Minnie Wilkerson

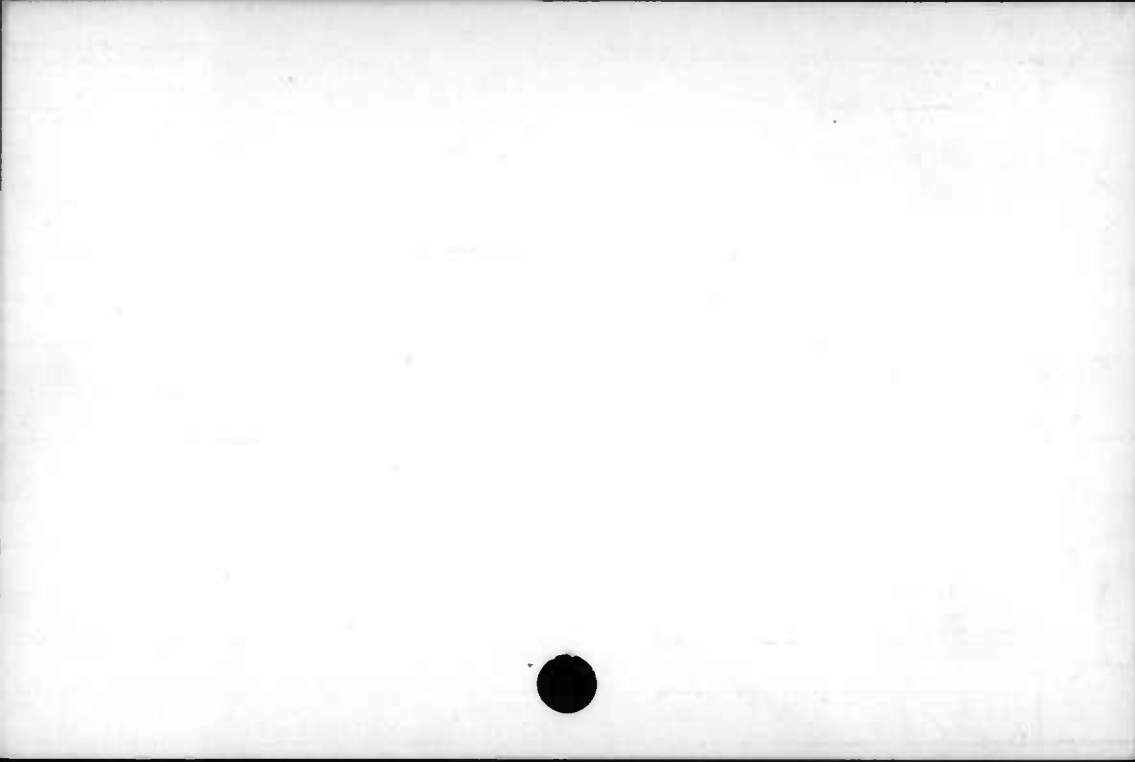
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brown</u> Town		County <u>Alle</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>24</u>	Age <u>32</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband			
Father's Name <u>Dennis Bell</u>			Father's Birthplace		
Mother's Maiden Name <u>Ann E</u>			Mother's Birthplace		
Name of person giving Information <u>Norman E Wilkerson</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Consumption</u>	How long
	Immediate <u>Exhaustion</u>	How long
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. Thos Korn</u>
		Address <u>Cumberland Md</u>
	Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

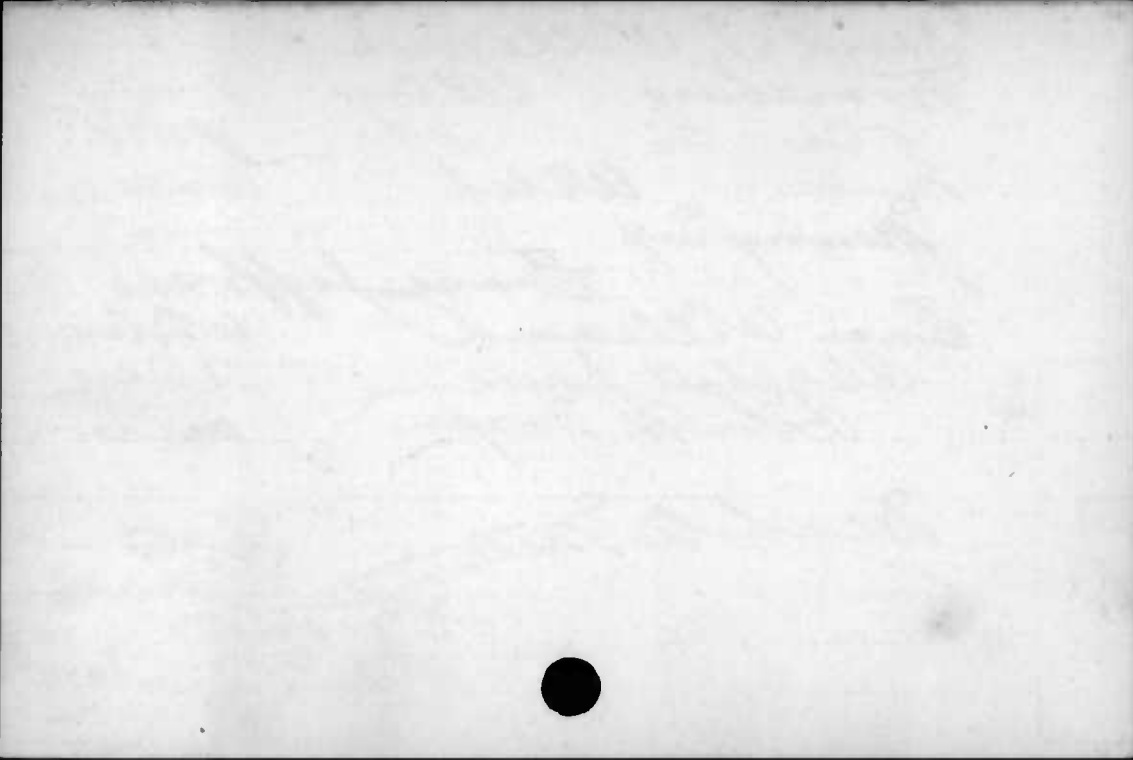
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Abraham Archibald Wilkes		Town Cumtola		County Acceby		State MARYLAND									
Died at Cumtola		Date of death 1905		Month Oct		Day 15		Age 1		Years 1		Months —		Days 14	
Sex male		Color or Race white		Birth-place Cumtola											
Occupation —		Where Residing if not at place of death —													
Married, Single or Widowed —		Name of Wife or Husband —													
Father's Name Joseph Wilkes		Father's Birthplace Cumtola													
Mother's Maiden Name Daisy McCoy		Mother's Birthplace Hagerstown													
Name of person giving information Joseph Wilkes		How related to deceased Father													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum		How long —	
Immediate Exhaustion		How long —	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. J. B. McDond	
		Address McMurtland	
Accident or Suicide? —		md.	



Name
in
Full

David J. Willigans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Frostburg* ^{County} *Alleg* **MARYLAND**

Date of death *1905* ^{Month} *Oct* - ^{Day} *26* ^{Years} *39* ^{Months} *10* ^{Days} *1*

Sex *Male* Color or Race *Welsh* Birth-place *Wales*

Occupation *Mining Sup* Where Residing if not at place of death _____

Married, Single or Widowed */* Name of Wife or Husband *Grace Jeffries*

Father's Name *Evan Williams* Father's Birthplace *Wales*

Mother's Maiden Name *Elizabeth Jones* Mother's Birthplace *Wales*

Name of person giving information *Thos H. Morgan* How related to deceased *Brother in Law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diabetes Mellitus

How long

Eight Months

Immediate

Are the name, age, sex, color, date and place correctly given above?

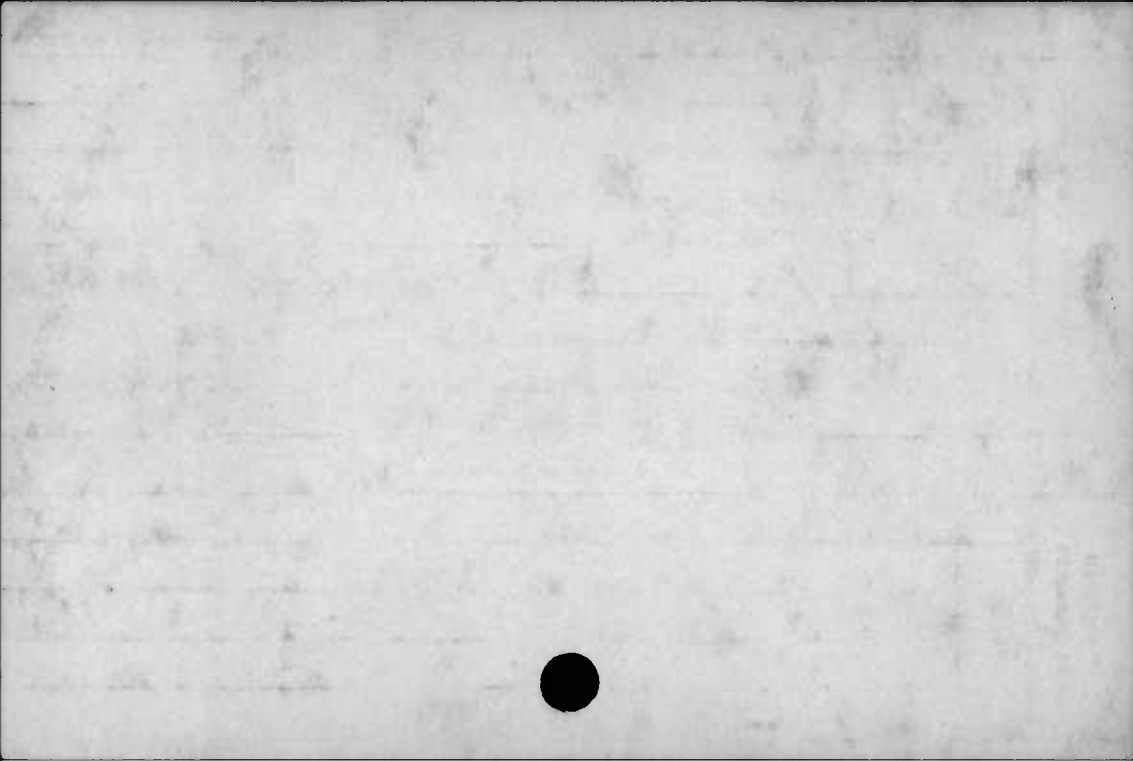
Yes

Signature of Physician

Address

H. Griffiths
Frostburg Md

Accident or Suicide?



Name
in
Full

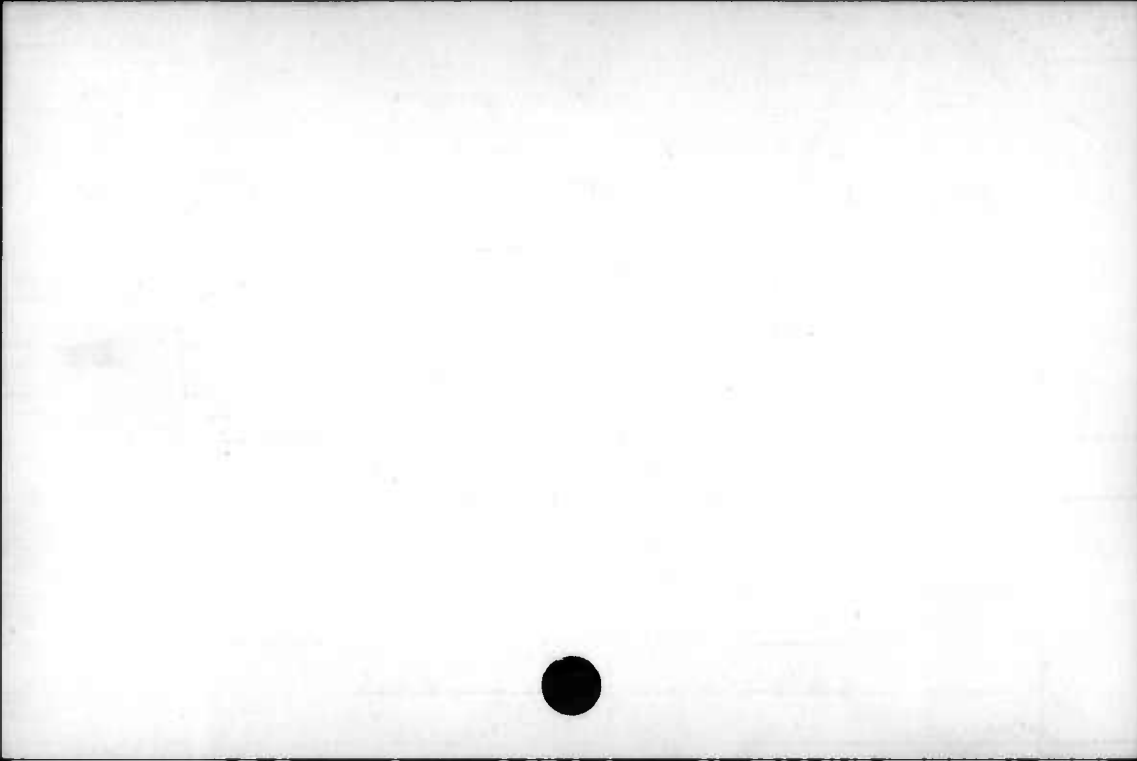
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jennie Winchener</i>		Town <i>Camden</i>		County <i>accyn</i>		MARYLAND	
Died at <i>Camden</i>		Month <i>Oct</i>		Day <i>1</i>		Years <i>69</i>	
Date of death <i>1905</i>		Month <i>Oct</i>		Day <i>1</i>		Age <i>69</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Camden</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>George H. Winchener</i>					
Father's Name <i>—</i>				Father's Birthplace			
Mother's Maiden Name <i>—</i>				Mother's Birthplace			
Name of person giving Information <i>J H Winchener</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Bright's Disease</i>	<i>120</i> How long <i>2 yrs</i>
	Immediate	<i>Dropsy</i>	How long <i>4 mo.</i>
	Are the name, age, sex, color, date and place correctly given above?		
	Yes <i>Yes</i>		
	Signature of Physician <i>Dr J. J. Wilson</i>		
Address <i>Dr Chamberland</i>			
Accident or Suicide? <i>(Stomach)</i>			



Name
in
Fullinfant
Edward Weith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cum</u> Town <u>Alle</u> County		MARYLAND	
Date of death	1905	Month	Oct
	Day	19	Age
	Years	—	Months
			Days
Sex	Male	Color or Race	White
Occupation	—	Birth-place	Ind
Where Residing if not at place of death		—	
Married, Single or Widowed	—	Name of Wife or Husband	—
Father's Name	Ed Weith	Father's Birthplace	Ind
Mother's Maiden Name	Anna Gronall	Mother's Birthplace	Ind
Name of person giving information	E Weith	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	still Born S.	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr Thos Koon
		Address	Kennersland
			Ind.
Accident or Suicide?			

108 Bedford st

Name
in
Full

CERTIFICATE OF DEATH

Infant *West (M. M.)*
 Died at *Westport* *Allegany*
 Town County
 Date of death *190* *10* *31* Age *Years* *Months* *Days*

MARYLAND

Sex *Female* Color or Race *White* Birth-place *Westport*
 Occupation *_____* Where Residing if not at place of death *_____*

Married, Single or Widowed *_____* Name of Wife or Husband *_____*

Father's Name *Joseph E. Goulet*

Father's Birthplace *Ind.*

Mother's Maiden Name *Ellen Thomas*

Mother's Birthplace *Ohio*

Name of person giving information *Joseph E. Goulet*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Stilborn* *S.*

How long *_____*

Immediate

How long *_____*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

E. J. Halpern
Westport W. Va.

Accident or Suicide? *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

